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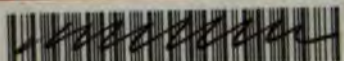
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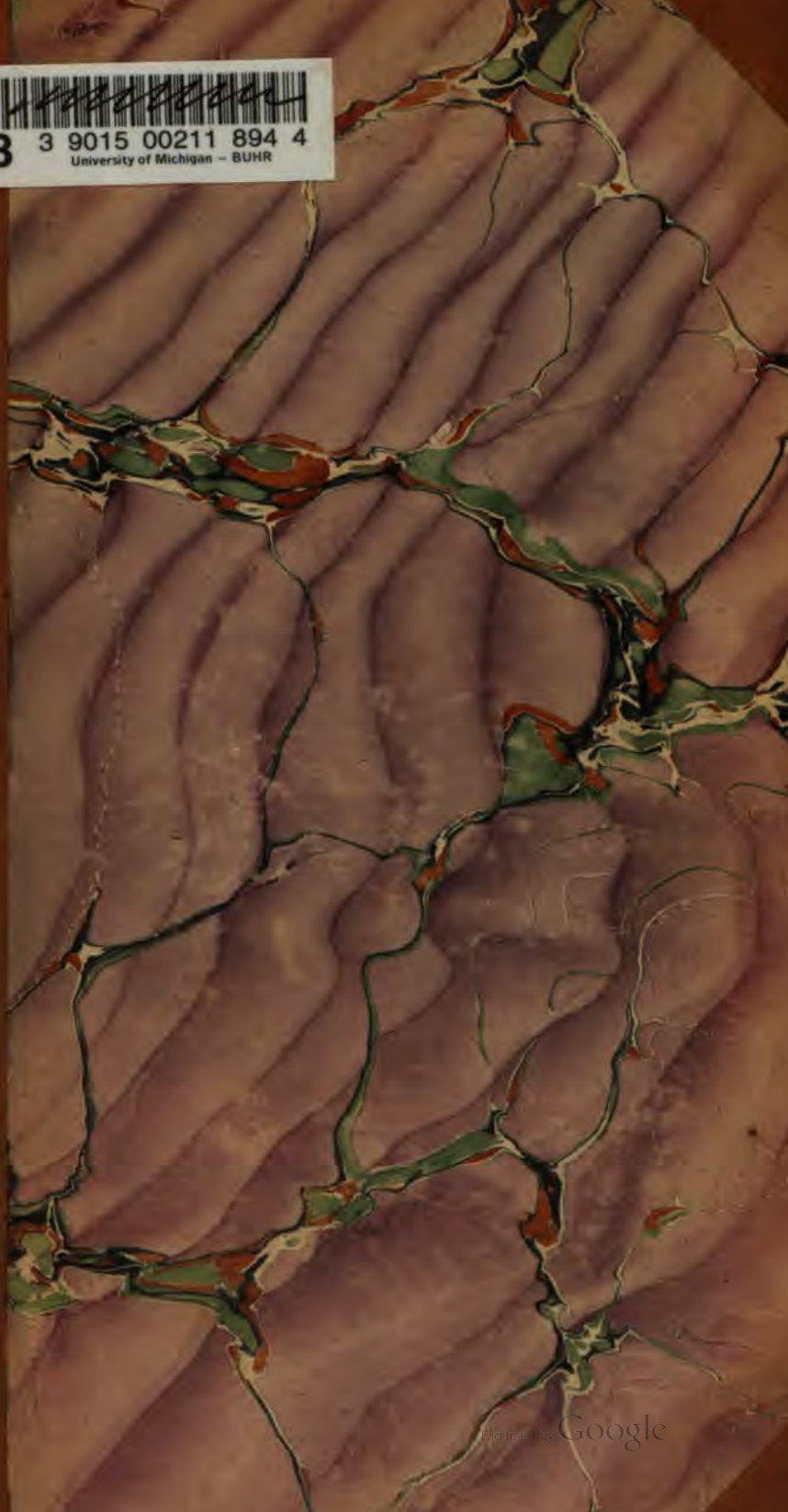
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S. S. PURPLE, M. D.

Verumque est, ad ipsam curandi rationem nihil plus conferre,
quam experientiam.—CÆLUS.



VOL. IV. . . . NEW SERIES.

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1850.

**JOHN F. TROW, PRINTER,
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TO READERS AND CORRESPONDENTS.

DR. MACDONNELL'S MEDICAL AND SURGICAL CASES.—The talented and accomplished lecturer on Clinical Medicine, in the University of McGill College, Montreal, has forwarded us several interesting pamphlets, being re-publications of his articles, contributed to and published in the British-American Journal of Medical and Physical Science. Selections from the same may be found in our Foreign Retrospect of this number.

RESPIRATION IN CHOLERA.—The author of "a Treatise on the Motive Powers which produce the Circulation of the Blood," Mrs. Emma Willard has sent us a copy of a recent publication on "Respiration and its Effects: more especially in relation to Asiatic Cholera, and other Sinking Diseases." It was our intention to have given a short notice of the leading views of the author, contained in this pamphlet, but we were prevented from doing so by the press of original communications.

The following Books and Pamphlets have been received :

Surgical Anatomy. By JOSEPH MACLISE, Surgeon. With colored plates. Philadelphia: Lea & Blanchard. 1850. Large fol. Part 1, plates 16, pp. 40. (From the Publishers.)

On the Diseases of Infants and Children. By FLEETWOOD CHURCHILL, M. D., M. R. I. A. etc. Author of the Theory and Practice of Midwifery, etc. etc. Philadelphia: Lea & Blanchard. 1850. 8vo. pp. 636. (From the Publishers.)

A Practical Treatise on the Diseases of Children. By D. FRANCIS CONDIE, M. D., etc. etc. Third edition, revised and augmented. Philadelphia: Lea & Blanchard. 1850. 8vo. pp. 703. (From the Publishers.)

Principles of Human Physiology. With their chief applications to Pathology, Hygiene and Forensic Medicine. By WILLIAM B. CARPENTER, M. D., F. R. S., F. G. S., etc. etc. Fourth American edition, with extensive additions and improve-

ments by the Author. With two plates and three hundred and four wood cuts. Philadelphia: Lea & Blanchard. 1850. 8vo. pp. 750. (From the Publishers.)

The three kinds of Cod-liver Oil: comparatively considered with reference to their Chemical and Therapeutic value. By L. J. DE JONGH, M. D., of the Hague. Translated from the German, with an Appendix and Cases. By EDWARD CAREY, M. D. To which is added an article on the subject, from "Dunglison, on New Remedies." Philadelphia: Lea & Blanchard. 1849. 12mo. pp. 211. (From the Publishers.)

A Philosophical Essay on Credulity and Superstition: and also on Animal Fascination or Charming. By RUFUS BLAKEMAN, M. D. New-York: D. Appleton & Co. 1849. 12mo. pp. 206. (From the Author.)

Manual of Pathology and Practice of Medicine. By SAMUEL HENRY DICKSON, M. D., Prof. of the Theory and Practice of Medicine, in the University of New-York. New-York. 1850. 8vo. pp. 251. (From the Author.)

Life, Health and Disease. By EDWARD JOHNSON, M. D., etc., etc. New-York: John Wiley. 1850. 12mo. pp. 172. (From the Publisher.)

Brunnenärztliche Mittheilungen über die Wahl der Jahreszeit beim Gebrauche der Karlsbader Mineralquellen, von Dr. L. FLECKLES. Leipzig: 1848. 8vo. pp. 51. (From the Author.)

Respiration and its Effects; more especially in relation to Asiatic Cholera, and other Sinking Diseases. By EMMA WILLARD, Author of a "Treatise on the Motive Powers which produce the Circulation of the Blood," etc. etc. New-York: Huntington & Savage. 1849. 8vo. pp. 64.

Report of the Proceedings of the Sanitary Committee of the Board of Health in relation to Cholera, as it prevailed in New-York, in 1849. New-York. 1849. 8vo. pp. 106. (From Prof. J. B. Beck, M. D.)

Summary of the Transactions of the College of Physicians of Philadelphia, from May 1st, 1849, to October 2d, 1849. 8vo. pp. 48.

On the Propagation of Communicable Diseases. An Introductory Lecture to the Course of 1849—50, in the Medical Institution of Yale College. By J. KNIGHT, M. D., Professor of Surgery. New-Haven, 1849. 8vo. pp. 20. (From the Author.)

Address on Free Medical Schools, introductory to the Session of 1849—50, in Rush Medical College. By N. S. DAVIS, M. D., Professor of Physiology and Pathology. Chicago: 1849. 8vo. pp. 16. (From the Author.)

Lecture Introductory to the Course in the Starling Medical College of Columbus, Nov. 7th, 1849, for the season of 1849—50. By R. L. HOWARD, M. D., Professor of Surgery. Columbus, 1849. 8vo. pp. 25. (From the Author.)

Contributions to Physiology. By BENNETT DOWLER, M. D., 8vo. pp. 28. (From the Author.)

The following Journals have been received in exchange:

The Medical Examiner and Recorder of Medical Science, edited by DAVID H. TUCKER, M. D., and F. G. SMITH, M. D., for November and December. (Monthly. Philadelphia.)

The Charleston Medical Journal and Review, edited by P. C. GALLARD, M. D., and H. W. DE SAUSSURE, M. D., for November. (Bi-Monthly. Charleston.)

The New-Orleans Medical and Surgical Journal, devoted to Medicine and the Collateral Sciences, edited by A. HESTER, M. D., for November. (Bi-Monthly. New-Orleans.)

Southern Medical and Surgical Journal, edited by PAUL F. EVE, M. D., for November and December. (Monthly. Augusta.)

St. Louis Medical and Surgical Journal, edited by M. L. LINTON, M. D., and WM. M. McPheters, M. D., JOHN S. MOORE, M. D., and JOSEPH N. McDOWELL, M. D. (Monthly. St. Louis.)

Buffalo Medical Journal, and Monthly Review of Medical and Surgical Science, edited by AUSTIN FLINT, M. D., for November and December. (Monthly. Buffalo.)

The North Western Medical and Surgical Journal, edited by J. EVANS, M. D., and EDWIN G. MEEK, M. D., for November. (Bi-Monthly. Chicago and Indianapolis.)

Pennsylvania Medical Journal, edited by ETHELBERT DUDLEY, M. D., for December. (Bi-Monthly. Lexington.)

The Western Lancet and Hospital Reporter, edited by L. LAWSON, M. D. November and December. (Monthly. Cincinnati.)

The Boston Medical and Surgical Journal, edited by J. C. V. SMITH, M. D. November and December numbers received. (Weekly. Boston.)

The Western Journal of Medicine and Surgery, edited by L. P. YANDELL, M. D. and T. S. BELL, M. D. November and December numbers received. (Monthly. Louisville.)

The New-York Dental Recorder, edited by C. C. ADLEN, M. D., Dentist, for November and December. (Monthly. New-York.)

The British-American Journal of Medicine and Physical Science, edited by ARCHIBALD HALL, M. D., L. R. C. S. E., for November and December. (Monthly. Montreal.)

Dublin Quarterly Journal of Medical Science, edited by ———. For November. (Quarterly. Dublin, Ireland.)

The British and Foreign Medico-Chirurgical Review, or Quarterly Journal of Practical Medicine and Surgery, edited by ———. For October, American edition. (Quarterly. New-York.)

Dublin Medical Press, edited by ———. For July, August, September, October and November. (Weekly. Dublin.)

London Medical Gazette, or Journal of Practical Medicine, edited by ———. For October and November. (Weekly. London.)

London Journal of Medicine, a Monthly Record of the Medical Sciences, edited by ———. For September, October and November. (Monthly. London.)

The Journal of Psychological Medicine and Mental Pathology. Edited by FORBES WINLOW, M. D., for April. (Quarterly London.)

Journal des Connaissances Médico-Chirurgicales. Par LE DR. A. MARTIN-LOUZER, (à Paris,) for September.

Zeitschrift für die gesammte Medicin, mit besonderer Rücksicht auf Hospitalpraxis und ausländische Literatur, edited by Dr. F. W. OPPENHEIM, from July to December, 1848, and from January to June, 1849, 12 Nos. (Monthly. Hamburg.)

☐ Communications intended for publication, and Books for Review, should be sent *free of expense*, directed to the Editor of the New-York Journal of Medicine, care of Daniel Fanshaw, 575 Broadway, New-York. Persons at a distance may direct parcels, *paid* as above, under cover, to Lindsay & Blackiston, Philadelphia; or Wm. D. Ticknor & Co., Boston: or John Wiley, Paternoster Row, London. The attention of Correspondents is respectfully requested to the above, as the publisher is frequently subject to unnecessary expense for postage and carriage.

All remittances of money and letters on the *business* of the Journal, should be addressed to the publisher.

The advertising sheet belongs to the business department of the Journal, and all communications for it, should be addressed to the publisher, under whose exclusive control it is.

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ART. X. —Lectures on the Diseases of Infancy and Childhood. By CHARLES WEST, M. D., Fellow of the Royal College of Physicians, Senior Physician to the Royal Infirmary for Children, etc., etc. Philadelphia: Lea & Blanchard. 1850. 8vo. pp. 451. - - - -	89
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- ART. XV.—Physician and Patient; or a Practical View of the Mutual Duties, Relations and Interests of the Medical Profession and the Community.** By **WORTHINGTON HOOKER, M. D.** New-York: Baker & Scribner, 1849, 12mo. pp. 453.

A Philosophical Essay on Credulity and Superstition, and also on Animal Fascination, or Charming. By **RUFUS BLAKEMAN, M. D.** New-York: D. Appleton & Co., 1849. 12mo. pp. 206. 101

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THE NEW-YORK JOURNAL OF MEDICINE.

FOR JANUARY, 1850.

PART FIRST.

ORIGINAL COMMUNICATIONS.

ART. I.—*Remarks on the Asiatic Cholera, in the City of New-York in 1848-9.* By Wm. P. Buel, M. D., late Physician to the Centre-street and Thirty-fifth-street Cholera Hospitals. [With a Map.*]

It is not intended, in the present paper, to give more than a brief sketch of the leading features of the recent epidemic. Nor is it our design to speak extensively of the etiology, therapeutics or pathology of the disease. These subjects have been thoroughly discussed by abler pens. We pass to speak briefly, in the first instance, of what may be termed the premonitory cholera of December.

On the 25th of November, 1848, the Asiatic Cholera, not having up to that moment shown itself epidemically, during the recent invasion, at any point west of the British Islands, sprang at a bound over 50 degrees of longitude, and swooped down upon the packet ship New-York, in the latitude of Nova Scotia. The ship was loaded with French and German emigrants, but neither at the port of embarkation, Havre, nor at

* The number of deaths in each ward, as given on the map, is not the result of actual returns, but of an estimate based upon the total number of cholera deaths in the city, as reported to the city inspector, and allotted to the different wards in proportion to the number of cases, furnished by each ward to the cholera hospitals. It is, therefore, only an approximation to the *absolute* mortality, and probably falls considerably below the real amount. The *relative* mortality is probably not far from correct.

any place whence the emigrants proceeded, was the Asiatic Cholera prevailing.

On the 2d December the ship arrived at Staten Island, the cholera still prevailing among the emigrant passengers in the steerage. The cabin passengers, it is believed, to a man escaped. She was placed in Quarantine. The steerage passengers were removed on shore and placed in the public stores on the dock. They were to a certain extent isolated. Numbers, however, broke their quarantine and escaped to the city. In a crowded and filthy German boarding-house, in the lower part of Greenwich-street, two fatal cases occurred. The place was immediately cleaned out and purified. The occupants said to have been two hundred in number, were scattered over the city. In a German boarding-house of a more respectable character in Washington-street, one fatal case of cholera occurred not traceable by any known medium of connection to the emigrants of the packet ship New-York. One individual, supposed to be one of the emigrants, or at least to have had communication with them, went by some means to a building on the upper part of the island, some miles from town, occupied as a convalescent hospital for typhus patients. He died in this building laboring under the usual symptoms of Asiatic Cholera. It was not communicated to the other inmates. This, it is believed, terminated the first brief chapter in the cholera of 1848. It was the distant muttering that precedes the tempest. The hour of its full development had not arrived.

Immediately on the occurrence of the circumstances above mentioned, the board of health were convened. Suitable sanitary measures were adopted, a building for a hospital was provided, but never occupied. After a short period, the alarm and excitement subsided.

Almost simultaneously with the outbreak on board the packet ship New-York, an emigrant vessel arrived at the port of New-Orleans, with cholera on board. It found there an atmosphere apparently suited to its development, for it spread rapidly over the city. During the entire winter it continued to prevail, and on the opening of spring extended ra-

pidly up the Mississippi and Ohio Rivers, spreading everywhere its desolating ravages. It did not, however cross the Alleghanies, although it visited almost every portion of the great Mississippi valley.

In another portion of this paper, the facts connected with the introduction of it to New-York, by the packet ship New-York, and its introduction into New-Orleans by an emigrant ship, will be made the subject of some remarks, as to their bearing upon the mode in which cholera is propagated. We pass now to our more immediate subject.

On the 11th day of May, 1849, Dr. Harriott, physician of the N. Y. Dispensary was called to visit certain cases of disease, at No. 20 Orange-street, in the 6th Ward, and in the immediate vicinity of the "Five Points." At his first visit the cases were two in number. Others were soon added and proved rapidly fatal. The extreme severity and fatality of the cases aroused his suspicions, and on the 14th, he very properly communicated to the authorities what had taken place. On the 15th, the board of health were convened, and on the 16th the writer received orders from the board to visit the premises, at the rear of No. 20 Orange-street, and report what he there found.

This place, having been so to speak, the birth-place and natal soil of the recent epidemic, is perhaps deserving of a moment's notice. It will be found no matter of surprise, that here cholera selected its first victims. A more befitting birth-place could hardly be found within the limits of this or any other city.

No. 20 Orange-street lies about 30 or 40 yards in a southeasterly direction from the "Five Points." The entrance to the rear lot is gained by an opening scarcely two feet in width, or more than 6 feet in height, pierced through the front house. Passing through this a distance of 40 feet, you reach the rear lot, on which are two old and ruinous wooden tenements. One a prolongation backwards of the front house, the other standing across it and at right angles. The adjoining house has an extension backwards in the same manner, thus cutting

off almost completely all ventilation or admission of fresh air. The small area left unbuilt upon is covered with black pools of filthy water.

The apartment where the first cases occurred is a basement or cellar in one of these rear buildings, sunk entirely below the ground-level. The room is about 10 or 12 feet square. The door had fallen from the hinges. The sashes of one or two small windows were without glass. There was not in the room, bed, chair, or table, or a single moveable, except two empty barrels. The door removed from its hinges, and laid across, formed the only substitute for a table. At my first visit, on the 16th May, five human beings one man and four women, lay upon the floor, in different stages of cholera. There was nothing under them but mud and filth, and nothing over them, but a few rags of the filthiest condition. It is not easy to conceive of human beings reduced to a more abject condition. Civilization and a great city could only afford a parallel to this scene. They were lower than savages, because the latter would, at least, have the sky above them, and the pure air of heaven to breathe. They were actually lower than brutes.

These people constituted the second crop of cases. Those first attacked had died previously. Their death had been observed by a "wake," and extensive potations of villanous whiskey. The orgies were kept up during the whole night, and all those now sick, with a number of others, were assisting at this "wake." Indeed, the subsequent cases, for two or three days were mainly those who were at the "wake."

On the morning of the 17th, two of the five mentioned died. The survivors, together with some new cases, in all seven, were removed to a temporary receptacle at 127 Anthony-street. Four of the seven died before the 18th. Those who survived, with some others, were transferred on the 18th to the building afterwards known as Centre-street Hospital.

On the 19th, no new cases were admitted. On the morning of Sunday the 20th, two women were brought to the hospital from the "Old Brewery," situate about 100 yards

west of 20 Orange-street. Both were laboring under the strongly-marked symptoms of the most malignant Asiatic Cholera. Both died in 3 or 4 hours after admission.

On the 21st and 22d, five cases were brought in, all originating within one hundred yards of the old locality. On the 23d, no new cases. Previous to the 24th, it is not known that any cases had originated at any place distant more than 100 yards from the original locality. In 14 days from the commencement, the pestilence had not extended itself beyond this distance, nor had it numbered more than about 20 victims. All of these, with two or three exceptions, were females of the lowest and most abandoned character, living in beastly filth and intemperance. It is worthy of remark, that during the whole of this period, the temperature was cool, and a fire was necessary for the comfort of the patients and their attendants.

On the 24th, a patient was brought in, found at the corner of Stanton and Clinton streets, in the 17th Ward, probably a mile, in a N. E. direction from the original locality. During the subsequent week, ending with the 31st May, the cases were still mostly confined to the old neighborhood. On the 31st, one patient was brought from Thames-street, half a mile in a south-westerly direction.

During the first seven days of June the weather became warm, and the disease spread rapidly in all directions. Within this period 70 cases were received into the hospital, being double the whole number admitted during the whole previous time the hospital had been open. It had shown itself in the 1st, 2d, 3d, 4th, 5th, 6th, 7th, 8th, 9th, and 14th wards at least, and perhaps in others. The number of patients admitted to Centre-street hospital was quite beyond its limited capacities, and it was crowded to a most uncomfortable and dangerous extent. The mortality during this period was greatly increased by this overcrowded condition, as is evident from the official report to the Board of Health. Subsequently, by the opening of William-street Hospital and of additional apartments in Centre-street Hospital, the percentage of deaths was greatly reduced.

At the end of the first week in June, or about twenty-eight days from the appearance of the first case, the pestilence had become pretty extensively and generally diffused over the city. At the end of the third week in July, or about seventy-two days from its first appearance, it had arrived at its "culminating point." Its increase was very gradual, uniform and progressive. Its decline was of a similar character, but more rapid than its increase. The maximum of weekly mortality in the city, viz., 1409 deaths, was reached on the 21st July, 72 days from the appearance of the first case. On the 29th September, 60 days from the period of greatest mortality, 132 days from the first case, it had fallen back to the mortality at the commencement.

There were in the city a number of particular localities, in which the pestilence raged with extraordinary malignity. These were in the neighborhood of the "Five Points," the lower part of Washington-street, in the first ward, the streets and avenues in the sixteenth ward lying near the North river, and in the northeastern section of the city, in the 7th, 10th, 11th and 13th wards. This unusual malignity was produced in part by local causes, and in part by the character of the population. In the 6th ward, occupied to a considerable extent by a filthy, degraded and vicious population, and in which abound places similar in character to that described at the commencement of this paper, it can be no matter of surprise that the pestilence devoured hecatombs of victims. The section of the first ward where it raged most severely, was crowded with newly arrived German emigrants, living in habits of personal and domestic filth, and fed upon insufficient and unwholesome diet.

In the 16th ward, the population was less crowded, but there were in operation local causes which sufficiently explain the mortality. Pits and pools of stagnant water abound. Numerous horse-killing and bone-boiling establishments send forth their putrid miasmata. These, with glue, starch and soap manufactories, produce a combination of villanous and disgusting odors, without a parallel. It is true that some of

these horrible nuisances were for a time suppressed, but not until the pestilence had swept over the entire neighborhood with the besom of destruction.

In the north-eastern section of the city, it is not known that any special local causes existed, but the population was largely composed of German and other emigrants, whose habits of life, nature of diet, &c., eminently dispose them to become the victims of an epidemic.

Those portions of the city occupied by wide and airy streets, and inhabited by a population whose circumstances and habits of life, by reason of diet, ventilation and cleanliness, are favorable to health, enjoyed almost a complete exemption from the ravages of the pestilence. The map accompanying this paper exhibits with sufficient clearness the degrees of mortality from the deep black of the 6th and 16th wards, up to the almost white of the 3d and 15th wards.

The city of New-York has now passed through its third visitation of Asiatic Cholera. The years 1832, '34 and '49, but more especially the first and the last, will be memorable in its future annals as years of pestilence. During the intervening period between 1832 and 1849, some important changes occurred, which exercised in a certain degree a modifying influence upon the character and intensity of the pestilence. The population had, it is true, greatly increased, but the distribution of the population was changed. A large transfer from the lower to the upper wards had taken place. By reason of the greater width of streets, and size of the blocks and squares of the newer portion of the city, it is probable that the aggregate density of the population had been on the whole diminished.

The introduction of the Croton water exercised an important and most salutary influence upon the pestilence. This it did not only by furnishing an unlimited supply of excellent water for all the purposes of public and private cleanliness, but also by supplying for drinking purposes a liquid comparatively pure and free from foreign admixture. That

saline fluid furnished by wells and pumps, and by the Manhattan Company, under the name of pure and wholesome water, before the introduction of the Croton, must have had a powerful agency in predisposing to affections of the stomach and bowels.

By whatever causes produced, the intensity of the epidemic influence seems to have been somewhat more dilute in one respect in 1849 than in 1832. It rushed with far less rapidity to its maximum mortality in '49 than it did in '32. In the first epidemic it required but about 21 days to reach this height, in the last, as we have seen, 72 days were occupied. It is worthy of notice, however, that the date of the greatest mortality is about identical in both years, viz: the 21st July, or about the middle of summer.

With regard to the whole number of cases of *bona fide* Asiatic Cholera which occurred during the epidemic, we have no means whatever, beyond simple conjecture, of determining. Very early in its progress, it became evident that but a very small proportion of the cases occurring were reported by the attending physicians. Whether deterred by reluctance on the part of friends, or by indolence or want of time, or by whatever cause on the part of the practitioner, the weekly reports of the city inspector, demonstrated conclusively that but few of all the cases were reported. The startling discrepancy between the weekly report of deaths and the totality of cases reported by attending physicians, induced the city authorities to resort to very stringent measures to obtain fuller reports. The success of these measures was, however, but very partial.

We are, consequently, driven to the inspector's reports of interments as the only criterion by which to estimate the amount of cholera. Even here, there is an obvious fallacy. The total mortality by cholera asphyxia during the epidemic period is set down at 5017, but the excess of mortality over the corresponding period of the previous year, which was probably about an average season, is 8827, allowing some-

thing for the increase of population, it is a fair inference, that at least 8000 of the excess of mortality is fairly to be set down as the result of the epidemic influence. Upon a fair estimate of the ordinary ratio of mortality in cholera, there could not have been less than from 18,000 to 20,000 cases of cholera, or one case to about every 250 of the population, and one death to about every 500. That this sickness and mortality fell principally upon the emigrant and floating population, and upon the lowest and most vicious of the resident population, is evident from a fact stated publicly from the pulpit by a clergyman connected with three very extensive religious congregations, three of perhaps the largest in the city, viz. : that the severe sickness and mortality in the congregations had not been increased by the epidemic. That there were, it is true, more persons complaining of slight indisposition, and conscious in their own sensations of the epidemic influence ; but by careful attention to diet and other prophylactic measures, the result was as stated.

With regard to the temperature and other meteorological phenomena of the season, there is nothing striking to be observed. It was about a fair average season. The month of May was wet and damp, the prevailing wind N. E., and 3.77 inches of rain fell. The months of June and July were dry with but 0.79 inches of rain in each. The prevailing winds S. E. and S. W. During August there were heavy rains. During July and August there was less than the usual amount of thunder and thunder showers. Some were disposed to ascribe to this fact an important influence upon the epidemic, and certain sage theories of ætiology and therapeutics were attempted to be raised upon this hypothesis. When submitted, however, to the test of experiment, the foundation was found too feeble to sustain the superstructure, and both fell to the ground together. Ozone and sulphur had their day for a short period, but both were soon forgotten, or remembered only to provoke a smile.

When the Centre-street Hospital was first opened, it was our wish to keep an accurate record of the thermometer, baro-

meter and hygrometer, throughout the epidemic. By our request, the necessary instruments were obligingly furnished by the Sanitary Committee, and a daily record was commenced. Such, however, was the urgency of more pressing duties in attending to the sick and dying, and so great the demands upon our time and strength, that the design was but imperfectly carried out. By a comparison, however, with the accurate record kept by Mr. Dacy, Apothecary to the N. Y. Hospital, we have been enabled to correct our more imperfect record.

The following table exhibits the weekly mortality from Asiatic Cholera, and all other diseases of the stomach and bowels, with the mean morning temperature of each week during the epidemic.

Week Ending	Deaths by Cholera Asphyxia.	By other diseases of the bowels	Total by all bowel diseases.	Mean morn'g temperature.
May 19,	1	28	29	55
" 26,	13	24	37	61
June 2,	29	40	69	59
" 9,	121	60	181	65
" 16,	145	38	183	65
" 23,	152	59	211	78
" 30,	286	103	389	74
July 7,	317	98	415	63
" 14,	484	196	680	78
" 21,	714	297	1011	71
" 28,	692	278	970	73
Aug. 4,	678	266	944	71
" 11,	423	260	683	75
" 18,	387	265	652	71
" 25,	233	228	461	72
Sept. 1,	171	204	375	74
" 8,	94	145	239	66
" 15,	36	124	160	62
" 22,	21	107	128	65
" 29,	11	94	105	60
Oct. 6,	6	73	79	55
" 13,	3	60	63	50

Upon an inspection of this table, it will be observed, that at the commencement of the epidemic in May, the mean temperature was at 55, that up to the week ending 2d June, it had only risen to 59. During this period the progress of the epidemic was very slow. The total mortality by cholera this week was but 29. The week ending June 23d had a mean temperature of 78, and the mortality by cholera that week had risen to 152. This was the morning temperature, the mean mid-day temperature was not less than 80, and during the height of the epidemic was about the average temperature. When the mean temperature fell down to 55, which was that of the week when it commenced, the cholera had nearly disappeared.

It has been remarked that, in some places where cholera prevails it swallows up all other diseases, or that all other diseases assume its livery. It was not so in New-York during the recent epidemic. Dysentery prevailed during the whole period. It increased nearly *pari passu* with the cholera up to a certain period, but after cholera began to decline there was an increase of mortality by dysentery. The total deaths by this disease during the epidemic were 949, between 3 or 4 times as many as during the corresponding period of the previous season.

Cholera infantum destroyed 901 against 492 in the corresponding period of the previous year.

CHOLERA IN THE PUBLIC INSTITUTIONS.

Five cholera hospitals were opened in different portions of the city, as the exigencies of the pestilence from time to time required them. The aggregate of patients in all was 1901. The aggregate of deaths 1021 or 53·71 per cent. The statistics of these institutions have been fully detailed in the Report of the Sanitary Committee, already published, but as there are doubtless many readers of this Journal, into whose hands the Report will not fall, it is deemed proper to give a brief abstract of the reports of each of the hospitals.

CENTRE-STREET HOSPITAL was opened on the 18th May.

During the first 30 days, the patients were all confined to a single apartment. During a portion of the time, this apartment was uncomfortably and most dangerously crowded. It admitted no classification or separation of patients whatever. Males and females lay side by side, and in full sight of each other passed through all the operations of the sick room. Patients in the first stage of the disease, and convalescents were face to face with those in the agonies of dissolution. They were compelled to witness their dying sufferings and listen to their shrieks and groans. When they were dead they were obliged to see them coffined and hear the nails driven home.

The moral influence of such a state of things could not be otherwise than disastrous upon the patients. While themselves suffering intensely, they paid little attention to the suffering of others. It was when they had passed the crisis, and began to recover a little, that these fearful scenes were most acutely felt.

After a time it became unendurable. After the most earnest solicitation, authority was at last obtained to seize upon and open other portions of the building. The report of Centre-street Hospital was therefore presented in two periods. During the first all the patients were confined to a single room. During the second we had four wards, two for patients in the first stage—two for convalescents. The difference in the results is striking.

First period commencing 17th May, ending 16th June—30 days.

Admissions, 159.

Deaths, 97 or 61.9 per cent.

Cures, 62 or 38.1 “

Second period, commencing June 17th, ending Aug. 5th—52 days.

Admissions, 310.

Deaths, 146 or 47.1 per cent.

Cures, 164 or 52.9 “

Showing a difference of 15 per cent. in favor of the second

period. Treatment the same. The per centage of mortality in collapse was—first period, 82·4 per cent. ; second period, 65·6 per cent.

The building known as Centre-street Hospital was a porter-house or tavern. The four other cholera hospitals were public schools, spacious, airy and well ventilated. They could not have been better calculated for hospitals had they been built for the purpose.

WILLIAM-STREET HOSPITAL, under the care of Dr. Vache, was opened on the 9th of June, and closed on the 27th August.

Whole number of patients, 712.

Died, 408, or 57·30 per cent.

Recovered, 304, or 42·70 “

514 had previous diarrhoea.

THIRTEENTH-STREET HOSPITAL, under the care of Dr. O. P. Wells, opened 15th July, closed 11th September.

Whole number of patients, 275.

Died, 139, or 50·54 per cent.

Recovered, 136, or 49·46 “

STANTON-STREET HOSPITAL, under the charge of Dr. Isaac Greene.

Whole number of patients admitted, 224.

Died, 112 or 50 per cent.

Cured, 112 or 50 “

THIRTY-FIFTH-STREET HOSPITAL. under the charge of Dr. Wm. P. Buel. Opened July 29th, closed Aug. 30th.

Whole number admitted, 119.

Died, 65, or 54·62 per cent.

Recovered, 54, or 45·38 “

More full and complete details of these hospitals will be found in the Report of the Sanitary Committee.

In the City Hospital.

With an average resident population of about 250 persons, including patients and attendants, only two cases of cholera fairly originated in the house. Including these, and 10 other cases laboring under premonitory symptoms when brought in, twelve cases were under treatment, of whom 8 died and 4 recovered.

The diet of the house was not materially changed during the epidemic. It consisted (the full diet) of fresh beef and beef soup, potatoes and wheaten bread. Where any tendency to diarrhoea existed, rice was substituted for potatoes. The nurses in every ward were furnished with opiate powders, which were administered on the first occurrence of diarrhoea, to this regulation chiefly the small amount of cholera is to be ascribed. For these facts I am indebted to the intelligent house surgeon, Dr. J. K. Merritt.

In the City Prison or "Tombs."

We are informed by Dr. Covell, the physician to the prison, that there was actually no cholera originating in the prison.

The average number of inmates during the epidemic was 250. The average number of weekly committals something more than that. The diet consisted chiefly of beef and beef soup, boiled rice, wheat bread and coffee. The prison was fumigated several times a week with the fumes of roasted coffee. Sulphur fumigations were also used. To these fumigations, together with extraordinary attention to cleanliness, Dr. C. ascribes this certainly remarkable exemption. Opiates and astringent preparations, were kept always at hand, and administered on the first occurrence of diarrhoea. Both these institutions are situated in the lower third of the city; and though in this portion of the city the cholera originated, it suffered less from the epidemic influence than many of the upper portions.

In the Bellevue Hospital.

This institution, situated between Twenty-fifth and Twenty-

eighth street, immediately upon the East River, had during the epidemic an average resident population of 477. Considering that these were mostly paupers, many with enfeebled constitutions, the amount of cholera and of mortality was very small. 37 cases occurred, of which 29 proved fatal.

In the House of Refuge.

This institution situate immediately adjoining the Bellevue Hospital and also upon the East River, had on an average 450 boys and girls in confinement during the season. The high wall, with which it is surrounded, interferes to some extent with ventilation. It felt strongly the epidemic influence. Nearly all the inmates, as we are informed by Dr. Carter, suffered from diarrhoea. At least 200 had the rice-water evacuations. By prompt attention to first symptoms, only 3 cases terminated fatally.

In the Institution for the Blind.

Situated between Thirtieth and Thirty-third street, one or two squares from the North River. This institution suffered most severely. It has an open, airy, elevated position, surrounded by spacious streets and avenues, but it forms a portion of the 16th ward, where from the action of local or endemic causes, the epidemic influence operated with intense energy. With about 120 inmates, there were 44 cases of cholera, of which 9 or 10 were fatal, and this with all possible prophylactic measures. We are informed by Dr. Bliss, who had the medical charge of the institution, that but for the timely precaution of removing all the inmates into the country, he believed the greater portion of them would have perished.

The Pauper Lunatic Asylum on Blackwell's Island.

With an average population of 400 inmates, there were 148 cases of cholera and 91 deaths. This institution is at all times over-crowded, and among so large a number of lunatics, it is, of course, more than usually difficult, to ascertain and prescribe for first symptoms

With regard to the other public institutions on Blackwell's Island, viz. : the Alms House, Penitentiary, and Penitentiary Hospital, we have attempted, but without success, to obtain the cholera statistics. No reports from these institutions have been published, and the public know nothing beyond the fact, that there were in them a great amount of cholera and an extensive mortality. The same remarks apply also to the nurseries for Pauper Children at Randall's Island, to the Emigrant establishments on Ward's Island, and to the Colored Home.

Character and Description of the Disease.

The Asiatic Cholera, the most formidable and fatal pestilence the world has known, within the limits of authentic history, has become a familiar object to physicians in almost every quarter of the globe. Its nature and history have been carefully studied and most thoroughly examined. Its habits and haunts, the phenomena to which it gives rise during life, and the traces it leaves behind after death, have been minutely described. Each recurring epidemic, however, possesses at least a local interest, and as forming a chapter in the great volume of epidemic diseases, deserves a careful examination. Should it present any new symptoms, or even modifications of symptoms, these should be carefully noted.

It is not believed that this was true of the recent epidemic in New-York. A correct description of Asiatic Cholera, as it occurred in the British Islands, or in Continental Europe, or in other parts of this continent, would be equally applicable to the recent epidemic here. Those who witnessed the cholera in this city in 1832 and 1834, will, it is believed, be pretty unanimous in the opinion that the cholera of 1849 presented no essential points of difference. During the earliest stages of the epidemic, it is true that there were not wanting those who questioned its identity with Asiatic Cholera, or at least imagined that it existed in a modified and milder form. Long before its close, it is believed the most skeptical ceased to entertain any doubts. The well-known diagnostic symptoms

of Asiatic Cholera were fully and thoroughly developed. The vomiting and purging of rice-color fluid, the spasmodic muscular action, hoarse whispering voice, cyanosis, asphyxia and suppression of the secretions, which marked the great majority of cases, pronounced in unmistakable language, the character of the disease.

To the general suppression of the secretions, there is one exception we do not recollect to have seen noticed, and which attracted our attention frequently during the epidemic. The secretion of the mammary glands continued, while the urinary and biliary secretions were entirely suppressed. In very many instances, mothers in the process of lactation were brought to the hospital with their infants, and continued to give them nourishment. In one instance, where the infant was not brought, a mammary abscess was the consequence. Thus, by a remarkable provision of nature, while those secretions which regard simply the well-being of the individual were suppressed, that which looks to the preservation of the species was continued.

With this single exception, we find it unnecessary to add anything to the oft-repeated descriptions of Asiatic Cholera.

Treatment and its Results.

Asiatic Cholera, like most other diseases characterized by great obstinacy and great malignity, has had recommended for its cure, almost an infinite variety of remedies. The nearer any disease approaches to absolute incurability, the greater number, usually, of vaunted and infallible panaceas. In its different stages, cholera is at once a very curable and a very incurable disease. The stage of collapse forms one of its most significant and characteristic features. The *Asphyxia*,* or pulselessness which accompanies this stage, has

* The true meaning of this word is often mistaken, even by scientific writers. See McIntosh on Theory and Practice, Chap. on Asiatic Cholera. See also a communication to the Belgian Acad. of Medicine, by Dr. Raikem, quoted in the October number of the American Journal of the Med. Sciences, in which it is said to be synonymous with Paralysis of the Lungs. *Asphyxia* (*a, priv., exq̄ pulse,*) means simply pulseless, or without pulse. In this sense only, is it appropriate to Asiatic Cholera.

given to the disease one of its most significant specific names. Collapse ought, in reality, to be considered a sequence of the disease, and not the disease itself, just in the same manner as the exactly opposite condition of œdema, or cellular dropsy, is a sequence of scarlatina, and not that disease itself. Practitioners have, perhaps, had their attention too much directed to the frightful picture presented by a cholera patient in collapse, and have directed their remedies and plan of treatment accordingly. Conceiving that they had a giant malady to grapple with, they have felt compelled to resort to gigantic remedies and heroic treatment.

It is difficult to conceive of any rational principle of therapeutics, or indeed any principle, but the one just alluded to, upon which could be predicated the treatment of collapsed cases of cholera, with large doses of calomel. Yet this treatment, especially during the early part of the epidemic, had many warm advocates. In one of the cholera hospitals, it is understood that it was extensively adopted. Indeed it is on record, in the hospital register, that thirty, forty, fifty, sixty and even one hundred grains of calomel were administered to patients in the collapse stage, and this not for a single time, but oftentimes repeated. It affords a striking practical commentary upon the success of this treatment, that in the official report of that hospital, we are informed that 93.20 per cent. of all the collapsed cases perished.

There can be no question but that the great majority of cases of confirmed collapse will die under any mode of treatment. It is only in those organisms possessed by nature with extraordinary recuperative energies, unbroken by intemperance or excess, unimpaired by age, previous disease, or any other debilitating cause, that a different result can be reasonably expected.

It appears to us that the asphyxia which follows the profuse serous diarrhœa of Asiatic Cholera, should be treated on analogous principles with the asphyxia from submersion, strangulation, or profuse hemorrhage. Under these circumstances, would any sane man dream of administering

large doses of calomel? Externally, warmth, frictions, counter-irritants; internally, gentle stimulants, warm nourishing drinks, anodynes in moderate doses, to allay spasm and irritation; these are the remedies which reason suggests and experience confirms.

The serous diarrhoea, which accompanies nine out of ten cases if not a still larger proportion, of cholera, and which really constitutes its essential feature, requires the same treatment as other forms of diarrhoea. Of all single remedies, opium stands first. Next perhaps is camphor. Aromatics and astringents are useful adjuvants. Calomel in combination, in small doses, assists in restoring healthy secretions.*

Consecutive symptoms, sometimes febrile, sometimes not so, frequently are consequent upon partial or confirmed collapse. Accompanied with cerebral, pulmonary or hepatic congestions; with a depraved and abnormal condition of the blood from the loss of serum and the presence of urea, excess of carbon, &c., they present, often, a most formidable complication.

Diluent drinks, counter-irritants, small doses of calomel, together with diuretic remedies, form an appropriate treatment. The sesquichloride of iron, from its known diuretic properties, proved very useful in this stage of the disease.

The experience of the present epidemic has added strong confirmation to the doctrine, before pretty well established, that cholera, while in the stage of serous diarrhoea, is in healthy constitutions, a very controllable affair; and that when it has passed to the stage of collapse, a mischief has been accomplished, which in the vast majority of cases, is irreparable.

The Question of Contagion.

What bearing have the facts connected with the recent epi-

* The treatment of which the outline is here given, is understood to have been the treatment adopted for the most part in the hospitals, and by the majority of private practitioners. One of the hospitals in which the plan of large doses of calomel without opium was tried on a very extensive scale, reports the largest percentage of mortality; a mortality reaching, in collapse cases, 93.20 per cent.

demic upon this question? We have seen that in December last, a vessel, with cholera on board, arrives at the port of New-York. The passengers being landed at the Quarantine, cholera continues to prevail. Numbers of the passengers break their quarantine and escape to the city. Two of those passengers die in the city with cholera—one in a crowded German lodging-house—one in convalescent fever hospital in the suburbs. Two other fatal cases of cholera occurred. Immediately thereupon a sharp frost occurred, and there was no more cholera in the city for months.

Nearly at the same moment, a vessel arrived at the port of New-Orleans with cholera on board. Almost simultaneously cholera manifested itself in various parts of the city of New-Orleans. The weather was at that time summer-like—it is described as being hot, sultry, and “muggy.” The cholera prevailed extensively and with great fatality, until cold weather supervened. Indeed, it is understood to have continued more or less through the entire winter. On the opening of spring it showed itself extensively over the valleys of the Mississippi and Ohio rivers.

The principal point of difference between these two groups of facts, is that in New-Orleans a summer temperature was prevailing, in New-York, though mild, the temperature was that of winter. The other facts are nearly identical. Can any one inform us why, if cholera is susceptible of being propagated by simple contagion or personal communicability, it did not spread over New-York as it did over New-Orleans?

Again, on the 11th May, 1849, genuine Asiatic cholera manifested itself at No. 20 Orange-street, on the “Five Points.” All the individuals who were seized had been living on the premises for weeks. This was ascertained by the most careful inquiry. They had held no communication mediately or immediately, except as the atmosphere forms a common medium for all who inhale it, with any other cases of cholera. During the month of May, the weather remaining cool, a few cases continued to occur in filthy and unhealthy localities. The first week of

June, the weather became warm, and cholera broke out in every quarter of the city.

What bearing has the experience of the cholera hospitals upon the question of contagion? Quite a number of the nurses and attendants in the Centre and Thirty-fifth-street Hospitals were seized with cholera. But in no instance did this occur without a strong exciting cause, either gross intoxication or gross errors in diet. It is worthy of remark also, that the hospital was open 19 or 20 days before the first nurse or attendant sickened. If cholera is contagious, how long is the period of incubation?

Another striking fact. In very many instances, females with nursing infants were brought to the hospitals. The children continued to suckle sometimes almost till the mothers died. It is not known that in any instance the child contracted cholera.

Among all the physicians attached to cholera hospitals, and other public institutions where cholera prevailed extensively, not less than forty or fifty in number, there was not a fatal case of cholera, and indeed we cannot learn that more than two of the whole, had cholera at all.

In the Centre and Thirty-fifth street hospitals, there were, at different times eight or nine medical attendants. Several of these passed their whole time, day and night, eating and sleeping in the hospitals, not one had the cholera.

The writer, upon a careful examination of the facts as they appear to him, does not regard any of them as favoring the doctrine of contagion or personal communicability. He is however perfectly aware that different minds arrive at very different conclusions, from the contemplation of precisely the same facts, and that some of our most intelligent physicians are still contagionists.

Post-Mortem Appearances.

Cholera is a disease which runs its course too rapidly to leave very strongly-marked traces behind. The most obvious general remark is, that the blood had abandoned the periphery and rushed towards the centre. To furnish that

deluge of serum, which was exhaled from the mucous surface of the intestinal canal, it is obvious that an abundant supply of the fluid, at whose expense it was furnished, must be at hand. Accordingly, on laying open the abdominal cavity, the phenomena first presenting itself, is the engorged, crowded condition of all the blood-vessels, ramifying over the intestinal canal, throughout its whole extent. The entire absence of fluid in the peritoneal cavity, and the sticky, gummy, almost dry feel of the peritoneal surface, is in this connection a striking circumstance.

When the mucous surface of the intestine is exposed to view, it presents the same aspect of sanguineous enjoyment. Ecchymoses and bloody discolorations are scattered extensively over its surface. The small glandular bodies, whether solitary or in groups, which are scattered over the mucous surface, are enlarged and hypertrophied.

The liver and spleen present frequently though not uniformly the marks of engorgement. The gall bladder was in the large majority of cases found distended.

In the serous membranes of the thoracic cavity, the same remarkable dryness is found.

In those who died in the consecutive fever, the brain and spinal marrow presented usually strong marks of venous congestion. The lungs, liver and larger viscera, bore marks of engorgement.

The changes which have been produced in the solids of the body are comparatively unimportant. In many rapid cases of cholera, it would be difficult simply from an inspection of the solid organs to form even a conjecture as to the cause of death. It is the transformation which has occurred in the vital fluid, the thick black, tar-like consistence of the blood, which affords the true key to the phenomena of cholera—circulation, secretion, calorification, life itself, have become impossible. **"IN THE BLOOD IS THE LIFE THEREOF."** When we can restore to the system its vital fluid, then and only then can we restore life and health to the **COLLAPSE** of cholera.

ART. II.—*An Eclectic Essay on the Non-Pediculated Fibro-Scirrhus, Fibro-Cartilaginous, and Fibro-Calcareous Tumor of the Uterus.*
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[Continued from vol. 3, page 245.]

THE prognosis of this affection, is, according to Blundell, favorable upon the whole, "for though it rarely happens that women are cured of this disease, it is not, I think, often that it speedily destroys life; so far, therefore, the prognosis may be deemed very favorable, compared with that of many other diseases of disorganization." Mayo remarks that they are not malignant, and have no disposition to lead to similar diseases in other organs, or to ulcerate; but Churchill, while he admits the general correctness of this rule, "has known in a very few instances, inflammation to occur in the coverings of the tumor, and superficial erosions and ulcerations to take place." He also states that the investing membrane has occasionally been attacked by inflammation, without the participation of the new structure. The opinions of others are, as to their non-malignity, not so encouraging. "My own conviction is," says Ashwell, "that without treatment, these changes would have proceeded on to ulceration, and left the patients without hope of recovery. I saw them gradually getting worse, slowly softening, until their surfaces were broken and ulceration occurred, with constant irritation, foetid and sanious discharges, and occasional hemorrhages, which, sooner or later caused a fatal result, particularly those of the cervix and os. In some, they attain a certain size and induration and are afterwards quite stationary, occasioning only weight and the mechanical effects of pressure, and neither the moderate enjoyment, nor the usual duration of life has been much, if at all curtailed. In others, frequently, a period arrives at which their growth and the result of it are suddenly so conspicuous and decisive, as to demand prompt and efficient relief." "That all tumors," says Davis,

“are not exempt from the liability of becoming malignant at an advanced period of their existence, there can be no doubt, while probably there may have existed few varieties of malignancy, or of morbid character of tissue, in which tumors of this class have not been known to terminate.” He mentions, in confirmation of this view, the case of a woman aged twenty-eight years, who had carried her tumor for eight years. Fifteen months before her death, her health began to suffer, and she died cachectic, with sanious discharges. There was found imbedded within the structure of a large sarcoma of this kind, several other tumors of a smaller size, decidedly carcinomatous. Blandin remarks, that “they suffer occasionally, though formed of a tissue very different from scirrhus, cancerous degeneration; at least, we have seen several undergoing considerable softening, and reduced internally to a pap analogous to that of certain carcinomatous tumors.” It is strange that an author so justly esteemed, and so well informed as Mr. Burns, should say that “the effects of this disease are chiefly mechanical, and often altogether trifling, and occurring by itself, seldom directly dangerous or hurtful, except by mechanical or sympathetic irritation. I have known it exist many years without injury either to the health or complexion. I have *never* seen the tubercle end in suppuration, nor the substance of the uterus, although thickened, have abscess formed in it, and this observation is confirmed by other practical writers, who state that it tends, not to suppuration, but to ossification.” The same error is committed by Waller, who says, “the tumor neither suppurates nor ulcerates.”—p. 72. Davis says that the irritation and mechanical effects produced by them, viz., encroachment on the parts within the pelvis, may of themselves prove fatal. Bayle observes, that though they do not become dangerous of themselves, they may bring with them a train of serious evils: irregularity or suppression of the menstrual function;* sterility, when situated in the walls

* To this we may add retention of the catamenia, from obstruction of the cervix or os uteri, and frequent hæmorrhages, occasionally fatal. (Boivin, Ashwell, Ingleby, *et post.*)

of the uterus, from closure of the tubes; the production of hemorrhages, (sometimes fatal,) compression of the bladder and rectum, and disturbance of the progress of pregnancy. Upon this latter point, all authors are agreed. Boivin and Dugès state that it may occur in three ways. First, by preventing the progressive development of the uterus, and causing abortion; second, by impeding delivery; and thirdly, by preventing the due contractions of the uterus after it, and causing a fatal hemorrhage. Nothing is more common than the first of these events. Roemer states that Rousset, (*Ac. de Med.*, Janv. 19th, 1829,) saw it occur at six weeks; Boehmer (*Obs. Anat. Var. Fasc. alter. 1756*, p. 131,) at the second month; Sandifort (*Obs. on Path. lib. 1. ch. 8.*) at six months; and Meckel (*Path. Anat. II. 2, p. 249*) at eight months. "Patients becoming pregnant," says Ashwell, "are exposed to imminent danger. The tumor softens during the latter months; the increased vascular supply tends to inflammation; unhealthy and imperfect suppuration is established in them, and death occurs soon after parturition." The manner in which this softening occurs, is best described by Hodgkin. "The breaking down of such tumors," says he, "has been ascribed to ulceration; but it is a greatly different process. It consists in the absolute death of a part of the tumor, which loses its color, and becomes of a pale, and often of a yellowish or green tinge. It then softens, probably from a new arrangement of its own constituents; but this effect is considerably increased by the dead part of the tumor now becoming a source of irritation, and consequently occasioning an increase in the quantity of blood, both in parts of the tumor retaining vitality, and in the neighboring natural structure. Then inflammation, and sometimes ulceration ensues, but the more common and remarkable result seems to be the death of further portions of the adventitious structure, the softening of which is promoted by the increased afflux of blood." "The fibrous tumor may terminate in acute inflammation, and discharge of a white mucous, purulent, or grumous nature. Softening of a tumor is gene-

rally, but not necessarily the result of pregnancy, and may, or may not proceed to suppuration. It may pervade a part only of, or the entire mass, and extend to the cellular tissue adjacent, in which, and not in the tumor, the pus may form, and be discharged per vaginam, with great diminution of the tumor. Of this, Dance (*Mem. sur la Phleb. Uterine*) relates a case: a fibrous tumor in the centre of an abscess in the walls of the womb. The grumous discharge has very much the color and consistence of chocolate; is inodorous, does not coagulate, and seems to consist partly of venous blood and partly of a portion of the tumor itself, in a state of pulp or solution. The discharge comes away so gradually, that several weeks may elapse during its continuance; and the subsidence, if not the disappearance of the tumor, may with much confidence be anticipated. Such tumors may discharge through the rectum, bladder, vagina, or abdominal parietes." I cannot tell exactly when the observations here cited from Dr. Ingleby, and those which follow in his work, on the effects of the white mucous discharges, apply to non-pediculated, and when to polypous tumors, as he does not accurately express himself on the point, and calls them indiscriminately, fibrous tumors. The error of such generalization is here apparent. A tumor occupying the hypogastrium, and nearly as high as the umbilicus, is said to have subsided under excessive gushes and drainings of mucus, during the intervals of menstruation. Upon the changes which occur in tumors of this description, after pregnancy, Ashwell has written ably, in a paper in which he first proposes the "induction of premature parturition, as the best, and in many instances, certainly the only chance of a safe result to the mother." From these remarks, it would certainly appear that in cases of large immoveable tumors, complicating undoubted pregnancy, this measure, performed at the seventh month, does afford a useful means of avoiding the mischievous effects likely to be produced in the tumor during the latter months, and in labor, by contusion, &c., and of evading those greater dangers attendant on parturition. Ingleby corroborates Ashwell's views of the dangers

alluded to, in the following terms: "In all cases of tumors, the chances of inflammation supervening after delivery, must greatly increase, and I am not certain whether the frequent and violent contractions of the abdominal muscles on the tumor, in protracted cases, may not favor the attack." "But it must be allowed," says Dr. Ashwell, in continuation, "that pregnancy complicated with tumor of the uterus itself, of the ovary, &c., gives rise, *in labor*, to difficulties of the worst kind. In parturition, when the danger is produced by the narrowness or deformity of the brim, cavity, or outlet of the pelvis, the extent of the obstacle can generally be accurately ascertained. It is not so, however, in tumors which obstruct the birth of the child. Here the extent of the difficulty can rarely be correctly appreciated." "When the uterus generally," says Ingleby, "is affected by this disease, abortion will probably take place, but a partial enlargement may occasion malposition of the gravid womb, without interrupting the course of gestation, and *many instances of difficult and even fatal parturition* have been proved to depend upon this cause. If the tumor be confined to the fundus uteri, its presence may not be suspected and will not impede labor. In this town, a woman died apoplectic a week after her delivery. A large fibrous tumor, the existence of which was not suspected, was found developed in the proper structure of the fundus and body of the womb. Tumors of the cervix are more obstructive, acting partly by bulk and partly by destroying the correspondence between the long axis of the pelvic brim, and that of the uterus. From the rapid growth which these bodies acquire during pregnancy, and their liability to inflame and implicate the general peritoneum, the attendant should observe the state of the circulation, both previous to and for some days after parturition, so as to be enabled to detect the first symptoms of mischief and pursue an appropriate treatment." Montgomery remarks that, "When such tumors acquire great bulk, and pregnancy occurs, they give rise to a combination, *which imposes extraordinary difficulty in the way of a correct diagnosis*, and is moreover, fraught with fearful

danger to the unhappy sufferer. The distended state of the abdomen prevents an accurate external examination, and that *per-vaginal* is often impossible. To the feeling of the foetal movements, and the stethoscope, we must chiefly trust; and sometimes the areola may aid us in forming our judgment." The cases published by Montgomery and Beatty, v. Bibliography, deserve, in reference to this subject, an especial examination. But it is to the writings of Ingleby that we must look for the weight of authority on this head; his numerous cases of impeded labor, and his valuable remarks, must of necessity be referred to by every investigator, (V. Bib.) Dr. Ashwell's paper has reference only to the changes which subsequently occur in them. Even now, however, the subject stands in need of further illustration.

Montgomery asserts that he is in the habit of attending two ladies, one of whom has had eight, the other five children, with easy labors and good recoveries; the former having two fibrous tumors as large as walnuts, on the exterior surface of the fundus uteri; the other, one of similar size, just over the entrance of the fallopian tube. They were not perceptible until the 4th month, and have never given any trouble. The author has seen at least two such instances. In one case, there was one small but very distinct tumor felt after delivery, in the other, more easily detected during pregnancy than afterwards, and neither productive of any bad consequences during or after confinement. Ingleby has known a fibrous tumor of the cervix diminish during pregnancy, which he attributes to a hemorrhoidal discharge.

Another mode in which these tumors may do harm, is thus alluded to by Lee; "In the Museum of the London University, there is one as large as a cricket ball, situated in the posterior and inferior part of the uterus. The patient from whom it was taken, died undelivered under peritoneal inflammation." The frequent occurrence of this affection, "*sine progressa graviditate, sive post partum in puerperis*," is mentioned by Roemer, and must attract the notice of all. In 13 of the cases I have collected, it proved the cause of death. M. Hall men-

tions a case in which profuse menorrhagia occurred during 12 years of unfruitful marriage, caused by large tumors ; these, the patient at length becoming pregnant, inflamed and suppurated, and led to a fatal puerperal disease, (Diag.) Two cases of death in childbed, are mentioned by Von Siebold, in his Diary, vol. 6, p. 183, and vol. 4, p. 41. The same happened to a patient attended by Dr. Chowne ; and Dr. Lee, in the Cyclop., mentions the case of a woman who died in three days after delivery, of inflammation of the peritoneal and muscular coats of the uterus, from a large fibro-cartilaginous tumor, in its muscular coat, where the placenta adhered. Sandifort relates that "*mulier coelebs, de insigni tumore magno, duro, ad tactum dolente, in regione hypogastrica conquerebatur. Non diu nuptiis impregnata, durante graviditate, varia mala sensit, quæ sexto mense insigniter increverunt, sicut eo mense præmaturum enixa sit foetum, vix quatuor horas superstitem. Primis diebus puerperii, omnia naturæ convenienter procedebant ; deinde vero, spastici præ abdomen-dolores, lochiorum suppressio, febris, purpura rubra accesserunt, et auctæ, demum finem imposuerunt. In cadavere, inventum est sarcoma fundo uteri adnatum, et totam ventris regionem lumbalem replens, sex libras cum uncia pendens.*" (Obs. An. Path., lib. 1, ch. 8.) Anteversion, prolapsus, (Boivin and D.) and retroversion of the uterus, (Churchill, Clarke ;) and rupture, (Hildanus,) may also result from fibrous tumors of that organ.

Ingleby states, that of 47 cases of the disease which he had seen, 9 had died. One from mere exhaustion, the emaciation being extreme, and the tumor equal to the gravid uterus at term ; three from inflammation of the tumor ; one from peritonitis, and one from phlebitis post-partum ; one from hemorrhage in consequence of a fungoid growth of the lining membrane ; one from protracted hemorrhage, in connexion with ovarian disease ; and one under circumstances which he was unable to learn. Of the remaining 38, the disease in several *entirely disappeared*, and continues in the rest in various states, but mostly passive. In connexion with the last

sentence, let us observe, that the possibility of the spontaneous absorption of these tumors, of which Clarke gives an example, is not to be lost sight of in a consideration of the prognosis. According to Ingleby, they may disappear by a long-continued discharge, unconnected with a suppurative process. In a case, in which the size of the uterus was equal to a six months' pregnancy, the hemorrhage was excessive for at least three years; at first only at the menstrual periods, and during the five months which preceded its final cessation, it did not intermit a single day. The effect was the disappearance of far the greater part of the tumor, a very small portion of it the size of a hen's egg, remaining attached to the cervix. Here too, I may perhaps with propriety state, that Cruveilhier mentions the case of a Mrs. Caizi, who expelled from the uterus, on the tenth day after delivery, three softened, altered, rounded fibrous tumors, and recovered; also the case of a woman, not pregnant, who had hemorrhages for four months, followed by a very abundant and horribly fetid discharge, supposed to indicate cancer, who expelled small masses, which he easily recognised to be fibrous tumors, and recovered. Sometimes, during this work of elimination, a gangrenous state of the uterus occurs, and is fatal.

To enter fully into the *diagnosis* of fibrous tumors, relatively to the diseases with which they may be confounded, would require more space than can be occupied in a periodical. Much must depend upon the knowledge, tact and judgment of the practitioner, and accuracy will be best obtained by a careful study of the symptoms hereafter to be detailed, and an intimate knowledge and consideration of the distinctive peculiarities of the states of the uterus for which they may be mistaken. These are, pregnancy, true and false; retroversion and anteversion, which, it must be remembered, may co-exist with them; congestion of the uterus from suppressed menstruation; that form of uterine enlargement called by Blundell, "diffused scirrhus," and by Ingleby, "mere hypertrophy of the uterine parenchyma, or cervix alone;" carcinoma, partial scirrhus, according to Boivin and D., of uncer-

tain diagnosis; dropsy of the ovarium, according to Lee, difficult of discrimination, and to Burns, "the only disease with which they be combined"; polypi; extra-uterine foetation and enlargement of the kidney, (Blundell.) "There is also," says Ingleby, "a form of uterine enlargement, comprising a thick, moderately soft and uniform swelling, occupying the interior of the cervix generally, limited to the mucous and sub-mucous tissue, and sometimes occasioned by the obstruction which a fibrous growth offers to the free return of blood." He further observes, that another possible source of error is, "to confound small-sized fibrous tumors with a peculiar displacement of the womb, comprising a curvature of the superior part of the cervix, having its convex surface towards the sacrum." "We must likewise take care not to confound the pushing upwards and forwards of the os uteri, by the presence of a fibrous tumor in the posterior part of the cervix, with retroversion of the womb, the orifice being forced upwards and forwards." There are brief remarks on the diagnosis in Boivin and in Churchill; but the 22d and 25th sections of Blundell's work on Diseases of Women, are particularly accurate and practical, and to these I refer the reader for much valuable information, upon a topic on which I cannot here further enlarge.

I had intended, in this part of my essay, to introduce the analysis I have made, of seventy-one cases of the disease now on record; but their length precludes, to my great regret, the opportunity of so doing. The reader must seek them for himself in the sources indicated in the Bibliography, at the end of the article. Before I proceed to the consideration of the symptoms and treatment of the disease, I shall offer him, from Bayle's Article in the *Dict. des Sc. Med.*, his "Retrospect of the more or less distinct notices which are found in medical treatises, on fibrous bodies of the matrix, and the accidents which they determine."

"Modern authors have known, with sufficient exactitude, all that relates to fibrous bodies projecting into the cavity of the uterus. They have been called fleshy, sarcomatous and

fibrous polypi, and in some respects, have been treated of in a luminous manner. But *fibrous bodies enclosed in the proper tissue of the walls of the uterus, and projecting towards the abdomen*, have only been known with accuracy within a few years. They have been more or less exactly observed in different ages, and have been called scirrhi, anomalous tumors, ossified scirrhi and calculi of the uterus. Morgagni considered them the beginning of cancer; and Vn. Swieten, in his Commentaries on the Aphorisms of Boerhaave, § 484, insinuates that cancer is a consequence of them, and points out many examples, by different authors, who have called them scirrhus. By Paulus Egineta, de Re. Med., lib. 3, ch. 18, they are called Scleroma. Fab. Hildanus, cent. 1, obs. 66 and 67; Ambrose Pare, lib. 24, ch. 41; Desgaux de Fobert, Anc. Jr. de Med., 1759, vol. 11, p. 336, and Chambon, Mal. des Femmes, vol. 10, had found very large ones. That of Hildanus was yet fleshy, Chambon's cartilaginous, and Desgaux's already ossified. Morgagni, Ep. 39, No. 36, cites several authors who had seen them. Trappe, Bib. Med, vol. 26, p. 340, presented a very large one in 1812 to the Institut. of Med. and in Dec. of the same year, Devilliers placed another, not less large, developed in the posterior wall of the uterus, and not complained of during life, in the Museum of the School of Med. at Paris, reported on by Chaussier in 1813." Bayle himself, wrote on them in the Journal de Med. vol. 5, p. 62, et. seq. in 1802; "but thus far," he remarks, in reference to his own article in the Dict. des Sc. Med., "no work exists in which they have been treated of relatively to their pathological anatomy, pathology and therapeutics."

The *etiology* of this disease is as yet obscure and conjectural. Mr. Abernethy, as is well known, adopting Jno. Hunter's theory as expressed by him in Mr. Home's paper, in the Trans. of a Soc. etc., vol. 1, p. 231, regards them as due to the organization of a clot of blood, somehow accidentally effused and deposited. Velpeau attributes them to a similar cause in the thickness of the organ itself. Blandin considers the disease as owing to the organization of fibrous coagula which form in

the anfractuous veins of the uterus. "Do they, locally considered," say Boivin and Dugès, "depend upon morbid and organic secretions, or upon elongation and extension of the uterine fibre? Is inflammation the cause of this new production? This appears very improbable," &c. By others they have been attributed to the development of a lymphatic gland, (Deguise,) of a sebaceous gland, (Smelliè;) by Chaussier they were considered as due to a local irritation of the mucous membrane; by some to the organization of mucus. It is well known that of late Drs. Baron, Hodgkin and Carswell have proposed theories in which they account, each with ingenuity and plausibility, for the formation of these heterologue deposits; the former, by supposing a single hydatid; the latter, several adventitious serous, self-producing cysts, as the formative agent of the disease; the last believing in the antecedent existence of the heterologous matters in the blood. To attempt even the most brief analysis of these different theories, would occupy more space than my narrow limits will allow. I must content myself, therefore, by referring to the original sources for the details of their author's views. I do this with the less regret that the subject presents no practical interest, and that the correctness of either is doubtful. (V. Baron, *Inq. into the Nature of Tubercular Deposits*; Hodgkin, *Med. Ch. Trans.*, vol. 15. Carswell, *Illust. of Path. Anat.*)

The question of the *nutrition* of these bodies, I find best treated of by Malgaigne. In cases where they adhere only by a lax cellular tissue to the parts which surround them, and present no appearance of vessels, "we must," he says, "admit a nutrition by imbibition, a pure and simple endosmosis. The blood, coming from what source we know not, is imbibed, and makes for itself even, canals in the thickness of the tumor, by some regarded as true vessels; by others, (Walther, Meissner,) as ducts without proper walls, hollowed out in the cellular tissue like the holes in a sponge, which the latter calls sanguiferous or hæmatophorous canals. But Levret had seen an artery ramifying in the body of a polypus, as had also Dupuytren, and Breschet saw many vessels of a large calibre,

chiefly veins, enter into an enormous fibrous polypus. The same mode of communication, says M. Malgaigne, exists in the scrotum, where the adhesion of the testis to its envelops is attended with such wide vascular communications from one side to the other, that the ligature of the spermatic artery is not sufficient to obliterate it.

We come next to the *Symptoms* attendant on the existence of the Fibrous Tumor of the Uterus. I shall state them in the order of the frequency of their occurrence, and then append such remarks upon some of them, as appear to possess particular practical interest.

In ten of the cases I have analyzed, weight, or pain, or a sense of uneasiness in the loins and back were complained of; in ten, pain, or a sense of fulness in the hypogastric region. In one case, the pain was violent, and in one, the pubic bones became tender to the touch. The tumors are sometimes, but not always tender to the touch, or on pressure. In few cases which have attained to any size, are some of these feelings absent, though in others, as has been stated, little or no inconvenience is felt. Irritability of the bladder, or pain and difficulty in making water, occurred in nine cases, and in one was extreme. From my own experience, I should say that the characteristic symptom with respect to this function was a frequent desire to evacuate small quantities of urine, with a distressing bearing down sensation, and pain at the orifice of the urethra. Costiveness, or difficulty in evacuating the *fæces*, from the pressure of the tumor backwards, and often a complaint of a sensation as of a ball blocking up the rectum, to expel which fruitless efforts are made, occurred in seven cases. Roemer mentions one in which "*rectum totum de loco suo moveatur*." He also says, p. 20, that "John Burne relates a case in which a fibrous tumor of the uterus so compressed the ureter, as that the pelvis of the left kidney, and the calyces were much dilated, and a great part of the kidney itself was absorbed." The reference is not given, and if Mr. Burns of Glasgow be meant, I have been unable to discover the statement in his

work. Six cases were marked by cachexy, emaciation and debility. In eight cases, there were frequent large, irregular floodings; in one case passive, and in one proving fatal. The same thing has occurred repeatedly in a case now under my observation, and the frequency of the discharge is operating very unfavorably upon the health of the patient. *Per vaginam*, four or five tumors can be felt to encircle the base of the uterus above the neck, and one as large as the fist is both to be seen and felt in the abdomen, above and to the right of the symphysis pubis. In this case also, the urinary difficulty before alluded to, is a very troublesome accompaniment, and at times the uterine mass becomes extremely tender, with bearing down pains like those of labor, and a tendency to sinking. The patient is fifty years of age, a widow, and has a child thirteen years of age. In eight cases, leucorrhœa, sometimes simply mucous, at others serous, (Ingleby,) muco-purulent, sanguineous, acrid and irritating, existed. In three cases, the menses were painful, irregular, anticipating or abundant; and Churchill says they are often suspended altogether. In some cases the uterus is prolapsed; in others, tender to the touch. In some there occur hysteria, (Roemer, Sebastian, Ingleby,) tympanitis, vomiting, mammary enlargement and secretion, cramps and œdema of the legs and thighs, retention of urine, dyspnœa, inability to walk or stand erect, chlorosis and dropsy. (Bayle.)

In reference to the irregularity of the menstrual function, Roemer observes that it usually attends tumors of the parenchyma, or internal membrane of the uterus, and them only. He states that in a soldier's wife, whom Sebastian attended, the menses lasted as follows: fourteen days in June, eleven in July, nine in August, fifteen in September, seventeen in October, nine in November; they did not occur in December. They commenced on the 13th June, 12th July, 10th August, 10th September, 20th October, and 26th November. Leucorrhœa invariably followed them, and lasted for a week or ten days, but not in December, when she did not menstruate. The sequel of the case is this: in 1830 she

left Ultraject, and returned in the following year much changed and emaciated. The feet were swollen; she was distressed by continual pains in the belly and groins. A bloody mucus flowed from the vagina, and the os uteri was painful to the touch. Hectic set in; she died, and on opening the body, the uterus was found as large as at the fourth month of gestation. In its fundus, between the peritoneum and its substance, existed some small fibrous tumors; another, the size of a nut, occupied the middle substance of the uterus, a large quantity of pus being circumfused, which abscess communicated by short fistulous canals, with two lesser abscesses lower down; lastly, another tumor, one-half larger than the upper one, was situated nearer to the mucous membrane of the uterus, separated from it, however, by a thin stratum of the proper substance, so that thus access to the uterine cavity was prevented. The patient died apparently "metritis ipsius parenchymatis uteri."

In reference to the hemorrhage in these cases, Dr. Ingleby observes that, according to the healthy or unhealthy state of the lining membrane of the uterus, the discharge may be coagulable or not, or attended by the expulsion of colorless fibrine, or membrane, and a painful enlargement of the glandulæ Nabothi, cases which are often incorrectly supposed to be abortions. He says it is a well-known fact, that fibrous tumors increase in size just before menstruation, and that in cases where the shape of the uterine cavity is altered, the discharges may not find an immediate outlet, but be retained and expelled *en masse*. He mentions that an ovum was detained for three or four days, confined by fibrous tumors situated within the walls of the cervix uteri, on its posterior side, and the pressure made upon the anterior part of the neck interrupted its circulation and occasioned a large oedematous swelling, equal in size to the ovum itself, while the draining had gone on to a somewhat alarming extent. Floodings, he says, are greatest in cases of large tumors connected with the body and fundus, in which the lining membrane acquires increased thickness and vascularity occasioning frequent hemor-

rhages and watery discharges. The presence of a tumor is also attended with dysmenorrhœa, and some forms of painful menstruation can often, he thinks, be traced to the effect of pregnancy upon pre-existing fibrous growths, previously small and dormant; and in cases where it occurs after a first pregnancy, the condition of the womb should be carefully ascertained. It is accompanied by the formation of a false membrane. With this condition, muco-enteritis is apt to be associated. The same author asserts that an inflammatory state of the tumor will occasion a considerable degree of constitutional disturbance, the severity of the *symptoms* corresponding partly with the size and partly with the locality of the tumor. These are, augmentation of its volume, violent pain, especially on motion, tenderness on pressure, a loaded and sometimes glazed tongue, frequent pulse, heat of surface, sickness and vomiting, thirst, constipation, and suppression of pre-existing discharges; rigors rarely fail to indicate the stage of suppuration, the bladder will be more or less disturbed, inflammatory action extending perhaps to the mucous membrane, and the rectum may be so affected as to constitute mechanical obstruction. He mentions the case of a woman who had painful micturition, and supposed cystitis, and for a long time intense pain in the knee; on examination, he detected a cluster of large and hard tumors underneath the peritoneal coat of the uterus. It continued very severe for two or three years, and the constitutional symptoms ultimately destroyed her. The importance of ascertaining, by internal examination, the condition of the uterus, in cases where the irritation seems to be confined to the bladder alone, is not, says Ingleby, sufficiently appreciated. The examination should be made so as to reach the upper part of the cervix, where fibrous tumors constantly form. But a fibrous tumor may produce cystitis, ulceration, &c.; of this, a case is related by Dr. Thos. Thompson, *Lancet*, Mar. 30, 1839, p. 58. The tumor for some time plugged up the aperture; but on a sudden change of position, urine entered the peritoneal cavity, with a fatal result. See also Ramsbotham's case, which occurred from retention of urine during protracted labor.

Uterine *neuralgia* may frequently be traced to the influence of a fibrous tumor over a naturally irritable temperament. In one instance the vaginal examination was not only attended with serious pain, but followed by delirium, which continued more or less for several days. Fibrous tumor, chiefly the small sub-peritoneal variety, is a common cause of irritable uterus. (Ing.) But even supposing the tumor to remain for some time entirely passive, the period at length arrives when it may receive an impulse, say from marriage; the mass then grows, inflames, is productive of pain, and menstruation becomes deranged. Dr. Ingleby mentions the extension of this inflammation to the veins, constituting phlegmasia dolens, a case of which, thus induced, he has known to prove fatal. "I lately," says he, "saw a patient in consultation, who had a severe form of uterine hemorrhage, said to depend on placental presentation. Milk was freely secreted, but upon examination, the symptoms were found to originate in a fibrous tumor, the size of a hen's egg, connected with the upper part of the cervix uteri."

Two other circumstances are yet to be mentioned, particularly characteristic of this affection. I mean enlargement of the abdomen, and the detection of tumors in it by manipulation, or in the fibres, by an examination *per vaginam*. The degree of the first will, of course, depend upon the size to which the tumor or tumors have attained, at the time when the examination is made. A tumor as large as an egg and even smaller ones may easily be felt through the parietes of the abdomen in a thin woman, situated either in the median line, on either side of it, or in the hypogastric region according to the situation of the morbid growth. "If," says Blundell, who is much the fullest writer on the subject of diagnosis, of which he treats very practically in detail, "the disease be of the tubercular form, and of many masses, the uterus will have the tuberoso feel and form. Tuberosity of the swelling is a useful corroborative diagnosis, but a smooth and equable surface is no disproof of the disease." In thin women, the outline of the super-imposed tumors can be very distinctly de-

fined. The examination will be much facilitated by placing the patient on her back, with the limbs drawn up, the bladder being previously emptied, and the abdomen well lubricated with lard or oil. The immense size to which some of these tumors attain, has already been adverted to. When, however, the tumor is too small to have ascended into the abdomen, or occupies the lower portions of the uterus, its presence can only be detected by a vaginal examination. That portion of the body of the uterus just above the cervix, will then be found to be very distinctly enlarged, and studded with *tuberosse* masses, of various sizes, or a single one may occupy some part of it. They are usually smooth, hard, tender, or distinctly circumscribed, and a large one may have on it one or more smaller and harder super-imposed nodules, exceedingly distinct to the feel. If the tumors can also be felt above the pubis, and are not adherent, the application of one hand to the hypogastric region, while the finger in the vagina is placed upon the mass, and made to displace the uterus upwards, will convince us of the connexion of the tumors with the uterus, in a very satisfactory manner. In this way we may establish the diagnosis of a tumor growing from one side of the uterus, within the abdomen or pelvis, from an ovarian disease. The position of an ovarian tumor, of size sufficient to be detected, either in the pelvis or abdomen, would not probably be influenced by such repercussion; whereas, a tumor attached to the uterus would be felt to ascend with it, and if of sufficient size, to strike against the hand applied on the belly above; a solitary tubercle growing from the posterior wall of the uterus, and immovable from its size, might mislead us; but independently of its different feel, it is easy to ascertain the fact of its connexion with the uterus.

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I should next, if space permitted, proceed to consider the

NOTE.—In this essay, as originally written, the author here entered into a consideration of the subject of “the isolated tumor of the posterior wall of the uterus;” the remarks on which he has since published in a separate form, in the 8th number of this Journal, for September, 1844. As in that article he has detailed all that he

question, whether the *non-pediculated* tumor of the uterus, is to be considered as a morbid growth of the same species, as the *pediculated* tumor of that organ called *Polypus*. The question has been touched upon directly by but very few authors, and many have wholly neglected it. An examination of M. Malgaigne's thesis on Polypus of the uterus, will seem to convince the reader how much confusion exists upon this subject of pathological inquiry. Of those who have discussed the point, the majority incline to the belief of their identity. Bayle, Denman, Andral, Lee, Boivin and Dugès, Breschet, Mayo, Blandin, Cruveilhier, Davis and Gooch, are of this number; and I fully coincide with them in the opinion. Lee has this observation: "Although the facts which we have now stated, clearly demonstrate that the greater part of uterine polypi are *fibrous tumors*, formed under the lining membrane, and a stratum of muscular tissue," &c. I shall not at present pursue the subject, intending at a future period to lay before the profession the facts and opinions I have collected on the subject.

Before concluding this paper, I wish to offer a few critical observations on the nomenclature adopted by Dr. Blundell, when treating on this subject in his "Observations on some of the more Important Diseases of Women," (Dunglison's edition, p. 63.) Its twenty-first section is devoted to the consideration of the fibro-scirrhous, non-pediculated, tumor of the womb, and is headed "Scirrhus (indolent) of the uterus;" the variety in question is called "tubercular scirrhus," which

knows relative to the *treatment* of that particular form of uterine tumor, and of *fibrous tumors in general*, he respectfully refers the reader to it for such information on this head of his subject, as it is able to impart. He records the following fact, with which his reading has since furnished him. In the *Revue Med.*, Dec., 1841, is a report by Dr. Filhos, of a case in which M. Amussat enucleated, by means of the fingers alone, a fibrous tumor contained within the uterus. By the reporter, it is called an "interstitial" tumor; but the case is rather one of those described by Davis, as "not imbedded in the parenchymatous structure of the organ, but contained within its cavity, attached loosely by cellular tissue to its interior surface." The tumor was soft and fibrous, weighing four ounces. The patient recovered. See a report of the case, with remarks by the author, in the *N. Y. Med. Gaz.*, May 4th, 1842.

is also said to be a third variety of *scirrhoty* of the uterus. Now, the term "*scirrhus*" of the uterus has been so long employed to express the malignant disease of the uterus, resulting in carcinoma, that I cannot but think that its application to tumors of the fibro-scirrhus character tends, not only to create confusion, and to lead to an incorrect idea of their nature, but is also objectionable as confounding two diseases of wholly different pathological nature; differing in the nature of the morbid deposit, and differing in the results of the morbid action which ensues in them. I am well aware of, and have asserted their occasional malignancy and softening and ulceration, but this is extremely rare, and even then is dissimilar to that of true *scirrhus*. Nor is the appearance presented on a section of these diseased masses ever exactly similar. The remarks which I have before quoted from him on the subject of the prognosis, cannot correctly be applied to the true *scirrhus* of the uterus. That the editor of this work has been misled by the use of the term, will appear to any one who will examine the 65th page of the volume, on which he will find some notes having no reference to the fibrous tumor, and applicable only to the true carcinoma of the organ. The 3d paragraph on page 64 is headed, "*Extension of the disease to other organs,*" and we are told that the ovaria, fallopian tubes, bladder, rectum, and in rarer cases the liver and lungs themselves, are involved in the disorganization, in all three varieties of the disease." Here Dr. Blundell confounds the two diseases, the remarks being applicable only to carcinoma uteri. The second paragraph of section 24 is headed "*Effects of the disease, (Scirrhus of the uterus;)*" and we find in it the following passages: "Add to this, that the disease may spread into the bladder or rectum, and parts adjacent, and I have known it to lay open the rectum into the peritoneal sac, etc." Nothing of this kind, we may safely say, has ever been known to ensue, nor can by any possibility occur, in cases of simple uncomplicated fibro-scirrhus tumors developed in or on the uterus; but it is the every-day termination of truly cancerous disease of the organ. It will, I think, appear from these quotations, (and similar state-

ments are to be met with on every page,) that the consequences of the latter affection have been intermingled with those of the first, under an incorrect appellation, in a manner extremely liable to perplex the student, and to engender incorrect ideas; and inconsistent with the precision and accuracy which might reasonably have been expected from a man of Dr. Blundell's deservedly high character, both as a pathologist and physiologist, as a practical obstetrician and as an author.

The disease, of which I have now treated, must be confessed to constitute a very interesting and important topic of obstetric study; always painful and distressing, of frequent occurrence, hitherto rebellious to treatment, not seldom fatal, and when complicating pregnancy, or labor, frightfully hazardous to the life of that sex, for whose welfare every philanthropist and every physician must feel a deep and tender solicitude. I venture then to hope, that I have rendered to the science of obstetric medicine, and to the practitioner, some little service, in presenting to his view a greater mass of information on the subject, whatever may be its deficiencies, than has ever yet been collected within the compass of a single essay; which could not have been gleaned from books without an amount of labor and research, and a sacrifice of time, which few are either able or willing to devote to it, or to expend in the pursuit. I hope too that the subject of their diagnosis and treatment, have received some useful expositions, which will tend to promote the interests both of the patient and physician.

POSTSCRIPT.

S. S. PURPLE, M. D.

New-York, Sept. 25, 1849.

Editor N. Y. Jour. Med.

Dear Sir,—The Essay on the Fibrous Tumor of the Uterus, which I submitted for your inspection, was written some six or seven years ago. Circumstances, at the time, delayed and eventually prevented its publication, and the MSS. was mislaid, and has only been of late recovered. If it appears to you to merit the honor of an insertion in your excellent Journal, it is at your disposal. It was, up to the time to which I carried it, as complete as my opportunities of research enabled me to make it. If time and health are spared me, I will, with your permission, post it up to the level of the present time, during the coming winter.

Respectfully and sincerely, I am your friend and well-wisher.

WM. C. ROBERTS.

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ART. III.—*Remarks accompanying "Quarterly Report of Sick and Wounded for the quarter ending March 31st, 1849."* By J. B. WELLS, M. D., Surgeon U. S. Army.

Monograph of vegetable poisoning. On the 8th March, 1849, at 3 o'clock, P. M., three privates of the 5th Infantry were brought to the hospital, laboring under symptoms, bearing strong similitude to "Epidemic Cholera;" their names, "Farrell," of "I" Co., "Fitzpatrick and Mulligan," of "C." Co. Symptoms, vomiting and purging of large quantities of serous matter, violent pains in the stomach and bowels, clonic spasms of the gastrocnemii and abdominal muscles, great depression of the vital powers; burning sensation in epigastrium, tortured by thirst, tendency to collapse, and dilated pupils in each case, without impairment of intellect or tendency to coma. In Farrell's case, collapse perfect, asphyxiated, visage ghastly and cadaverous, blueness of the hands; in one word, he was in an extreme state of collapse. Believing from the condition of the pupils, that the men had eaten something poisonous, I prescribed mustard emetics, laudanum in *full* doses, stimulants internally and externally; and a solution of carb. potass, to allay thirst. In the course of the afternoon, it was ascertained that these men had been eating "Heracleum," or parsnip, (raw,) and their suffering was consequent thereon. They all *recovered*, after symptoms of gastro-enteritis were combatted. Cholera, (epidemic,) prevailing at this time in the valley of the Mississippi, fears were expressed by some, that this disease was in our midst, but for myself, I felt satisfied, (from one indication alone, dilated pupils,) that they were not cholera cases, and so pronounced it; and all three recovering was pretty strong evidence of the correctness of my diagnosis.

FORT GIMSON, Cherokee Nation, March 31st, 1849.

ART. IV.—*Remarks Accompanying "Quarterly Report of Sick and Wounded for the Quarter ending September 30th, 1849."* By J. B. WELLS, M. D., Surgeon U. S. Army.

IN my report of sick and wounded of June 30th last, I remark, "the cases of diarrhoea under treatment, were impressed with the constitution of atmosphere favoring the development of epidemic cholera." These "constitutions of atmosphere" appear neither limited in their range by the bounds of a district, nor the parallels of a latitude, and are independent of heat or cold, dryness or moisture, climate, soil, season or locality. Some appear to consider them as an emanation from the bowels of the earth, in contradistinction to malaria or exhalation from the surface. But the fact is, we know not whence they come, and are equally in the dark about their nature, and we know as little about malaria itself, neither being manifest to the sense or amenable to chemical experiment. The agency of something which we term malaria is considered fully proved; and in like manner, "epidemic influences" are known by their effects; as an instance of the latter, better observed, because more frequently occurring, we need only allude to that which gives rise to "catarrhus epidemicus." Whatever mystery, however, may overhang the character and operations of the remote cause of "cholera asphyxia," there can be no doubt as to its true pathological condition; this condition is one of irritation of the gastro-intestinal mucous membrane, followed by a recoil of the circulation of the blood to the interior, corresponding collapse, congestion of the portal circle, oppression of the vital energies of the liver, suspension of its secretion, exhalation of serum into the gastro-enteric cavity, efforts on the part of the stomach and bowels to discharge what is unnatural and offensive; vomiting and purging, violent on account of its quantity; action of the abdominal muscles, spasmodic, often extending to other and distant parts of the muscular system, to remove the accumulation, until, in favorable cases, reaction occurs by

reflux of the fluids of the surface, relieving in part the portal embarrassment, and at the same time exciting the secretions of the liver, etc., to a restoration of their functions, which, when complete, quiets the commotion, the symptoms subside, and the patient recovers. Such appears to be its "ratio symptomatum." In unfavorable cases, the circumstances constituting the chain of events from an aggravation of the exciting cause, down to the effort of the stomach and bowels to rid themselves of the vitiated fluids, being more intense, the favorable phenomena of *resecretion* and *rediction* do not occur; the violent action of the abdominal muscle causes contraction, in a greater or less extent, of the locomotive apparatus, by sympathy of structure, which continues to present tetanic rigidity, until the energies are exhausted; while the circulatory system goes more and more astray in its loss of balance; the blood ebbing from the surface, leaving it cold, shrunk and blue, (cyanotic,) until the patient is relieved from his sufferings by death. There being no time for inflammation to be set up from the commotion, the free flow of the fluids downwards saves the brain from congestion and damage; hence, the functions of intellect and those of sensation stand unimpaired amid the ruins around them.

Morbid anatomy sheds no light on the phenomena of the disease or the cause of death. How should it? for in fatal cholera, (foudroyant of M. Tardieu,) consisting of terrible subversion of function, where the cerebral, respiratory, and most of the secretory organs sink to inaction from want of the vital current to sustain their energies, those vessels being drained by irregular distribution, excessive discharge and altered qualities of the circulating fluids, while in the locomotive apparatus, exhaustion and paralysis succeed to inveterate spasms; there should be no lesion of structure, and accordingly none are to be discovered. Amidst favorable circumstances, a large majority of patients in cholera recover under proper treatment, but should the exciting cause be intense, should the healthful sympathies of the alimentary canal and its col-lateral viscera be disturbed, and should the nervous and

muscular systems be unstrung by intemperance, the chances of recovery are lessened in proportion. The indications of treatment are to promote re action and restore the hepatic secretions, the fulfilment of one being invariably the fulfilment of both indications. Most of our remedies are indirect in their agency. Powerful revulsives to the surface to invite centrifugal circulation, internal stimulants to spur on the languid action of the heart and arteries, calomel and camphor in such doses as to secure the free play of the secretions and allay spasms, are the means which should follow the admission of the foregoing theory, and accordingly was found successful in the management of this disease. Calefacients, dry frictions, rubefacients, are almost pointed out by the condition of the surface, and need no remark. Having written thus much, I will now write more in detail. On the night of the 15th of July last, four privates of the 5th Infantry were brought to the hospital, (in quick succession,) collapsed and pulseless, agonizing under spasms, vomiting and purging rice-water-like discharges, algid surface, tongue cold, cyanosis of the extremities and facies. I resorted to the remedial means herein referred to; but in vain. Death took place in each case in from six to eight hours. Two of the cases had spasmodic or irregular snatches of the tendons for one hour after dissolution. The urinary secretion was entirely suppressed, as no urine was found in the bladder after death; and so, with shades of difference, in all who died. Catherism was performed in all the severe cases, to test the presence of urine, with the above result.

Now, therapeutically, if on the admission of a cholera patient, vomiting and purging were present, I immediately exhibited a mixture composed of morphine and aromatic spirits of ammonia, in camphor water; this failing, I gave four drops of creosote in gum arabic mucil., which generally composed the stomach. From my own observation of this article in chronic diarrhoea in Florida, and reflecting on its strong tendency to coagulate animal juices (albumen,) I determined to make trial of it, and the result proved entirely satisfactory.

Furthermore, I was pleased to find in the July number of the "Medical Examiner," published in Philadelphia, a report of two cases of cholera, by Surgeon C. A. Finley, U. S. A., the following remark—"Creosote was given to check emesis, and with good effect." The stomach being quieted for the moment, I gave at once 3 j calomel and 10 grs. of camphor combined, this powder was repeated if necessary in one hour, and then its administration was regulated by the discharges, their frequency and color, if for the former one-half the dose, for each discharge, and as soon as any *color* was perceived in the discharges, it was gradually discontinued, for with such a discharge reaction was sure to succeed, recovery to dawn, and convalescence to follow. Quinine was then introduced into the system, to maintain the action of the heart, and aperients to work off the mercury in those cases where the pulse was the merest quiver, internal stimulants were freely used, conjoined with the above treatment, and every portion of the body and extremities covered with hot mustard cataplasms, and the spinal column freely irritated with hot spirits of turpentine. As to preventive measures, beyond a strict police, embracing cleanliness of person, etc., it is impracticable in the army to advise any observance of the non-naturals, for duty must be performed, changes in dress were attended to, to correspond with mutations in the weather. Dietetically, the ration of rice was increased, and the command kept on this and fresh beef. I cannot believe, however, that wholesome fruits and the more digestible vegetables are *injurious*, and had the season been favorable to their perfect maturation, I should not have excluded their admixture with the diet enforced. The differential diagnosis between this disease and the symptoms of "vegetable poisoning," is exceedingly obscure, for confirmation of this remark, please refer to the three cases reported by me, as successfully managed by the "sedative plan of treatment," in my sick report for the quarter ending 31st March, 1849. (Vide page 56, *Ed.*)

Recapitulation.

Cholera Patients.		Died.		Cured.
214		22		192

I have the honor to be,

Very respectfully,

Your ob't servant,

J. B. WELLS,

Surgeon U. S. A.

To Dr. TH. LAWSON,

Surgeon General U. S. Army.

Fort Gibson, Cherokee Nation, Sept. 30th, 1849.

ART. V.—*Remarks on the Pathology of Erysipelas.*—By H. N. BENNETT, M. D., of Bethel, Conn.

In a former number of this journal, I advanced the idea that the true anatomical pathology of the disease termed erysipelas, consists principally, if not exclusively, in inflammatory lesion of the areolar tissue. To give a more definitive form to this idea, I conceive that the areolar tissue is the point of departure of all erysipelatous inflammations, whether occurring in the more simple or complex structures—that an erysipelatous inflammation in the dermoid system is identical in its anatomical elements with the same disease in the subcutaneous cellular membrane, that whenever the cerebral meninges, the pleura, the peritoneum, or the viscera, are invaded, it is still their areolar component. I formerly adverted briefly to the varieties and general diffusion of this tissue, in illustration of my hypothesis. I need not go over this ground again. I shall endeavor to point out, at the present time, in what manner it is farther sustained by the various circumstances of the location of inflammatory lesions in different portions of the body during the progress of erysipelas, and by the similarity of the constitutional symptoms, in whatever part the disease may make its special anatomical expression.

The history of all epidemics of erysipelas, as well as that of numerous sporadic cases, proves beyond a cavil, that various parts of the body are subject, during the progress of

this malady, to inflammatory lesions. He who has seen many sporadic cases, can scarcely have failed to witness one or more fatal terminations, with decided symptoms of meningal inflammation and effusion, and whoever has witnessed one epidemic, can testify to the greatest variety of local lesions, not singly, but in groups. Dr. Shipman, speaking of the different parts of the body affected, says that he believes that *every tissue* is liable to be attacked, and enumerates the membranous systems, the muscles, tendons, bones, etc. Drs. Hall and Dexter, and all who have written the histories of the different epidemics in this country, also testify to the diversity of the seats of inflammation in this disease.

The connection between erysipelas and a very fatal form of puerperal peritonitis, is positively established by the concurrent testimony of numerous writers, not only in this country, but in Europe. The hypothesis which I have advanced, appears to afford a ready explanation of this latter phenomena, the most important connected with the whole subject. The peritoneum being almost entirely a membrane of condensed areolar tissue, and having a less compact substratum of the same anatomical element, is placed by the process of parturition in a state eminently capable of taking on diseased action, and is the first to suffer in the lying-in woman who becomes infected with the poison of erysipelas. The epidemic which occurred in this town, gave a most conclusive proof of the identity of this form of puerperal fever and erysipelas. Out of thirteen infants born of females who succumbed to puerperal peritonitis, no less than five died, at periods varying from three to eight days after birth, with well marked cutaneous erysipelas, and one after a longer period, of extensive inflammation and suppuration of the subcutaneous cellular tissue, while not a single infant born of a healthy mother, contracted the disease. Is it possible to evade the conclusion that the poison which infected the mother was identical with that which destroyed the child?

I cannot but refer here to some remarks upon this subject, by Dr. Meigs, in his letters on "*Females and their*

Diseases." In the forty-first letter, he mentions the startling fact, that in the practice of Dr. Rutter, fifteen children died of erysipelas, out of ninety-five born of mothers who suffered from puerperal fever, and yet without an effort to explain this striking coincidence, he proceeds, in a subsequent part of the letter, to assert, that "there is not, and cannot be any identity between erysipelas or dermal disease, and the deadly inflammation of the peritoneum, observed in lying-in women." Adopting the hypothesis that erysipelas of the skin consists in a specific inflammation of its areolar woof, instead of that which maintains that "it is always an *angio-lencite*," and it would not be "absolute nonsense" to say that a lying-in woman "has an erysipelas of the serous lining of her belly." The coincidence of erysipelas of the dermis and post-puerperal inflammation of the peritoneum is incontestable, and the pathological views which I have advanced, constitute it a direct relation of cause and effect.

It is contrary to analogy, to suppose that erysipelas attacks indiscriminately all the elementary tissues of the body. Specific inflammations manifest strong affinities for particular tissues, and erysipelas certainly discovers a marked preference for those parts of the body in which the areolar tissue abounds. The face is pre-eminently the most frequent seat of the disease, and from hence it many times spreads over the entire cutaneous system, exhibiting the most striking marks of propagation by continuity of tissue, the inflammation declining in parts contiguous to the point of departure, long before the most distant have become involved. Is any other tissue so well adapted as the areolar to this progressive lesion? The dissection of a case of phlegmonous erysipelas recorded by Gendrin, (*Hist. Anat. des Inflammations*,) admirably illustrates, in some points, the extension of this inflammation to the minutest distribution of the areolar tissue. He says: "Some arterioles and nervous filets traversed the *foyers* (of pus.) The laminous tissue which surrounded the former was dense, red, friable; it was resolved into a soft pulp in contact with the pus, and then gradually approximated the

natural state, which it preserved immediately about the vascular canal. The nervous filets appeared to us healthy, notwithstanding they were reddish, *and we thought that the cellular tissue which enters into their composition, was inflamed; at least it appeared so under the lens; but the nervous tissue, properly so called, appeared to us in a state of integrity.*"

Nothing but the closest anatomical investigations can ever divest the idea which I have thrown out of its hypothetical character, and it is for the purpose of instigating these researches that I continue to insist upon the plausibility of this pathological doctrine. I am sanguine of the result of well directed post-mortem investigations of the various parts involved in inflammatory lesions, during the progress of erysipelatous fevers, and believe that they will warrant the abolition of the term *erysipelatous*, and the substitution of *areolar*, as descriptive of the special anatomical expression of this peculiar form of febrile disease.

The uniformity in the general symptoms of erysipelatous fever, has been a subject of remark for all who have witnessed it, and it is an incontrovertible fact, that the febrile phenomena in this affection are not at all modified by any variety of local lesion which may occur during its progress. It matters not whether it be an external erysipelas or subcutaneous cellular inflammation, or pharyngitis, an arachnitis, a peritonitis, (except the puerperal,) they all occur *under the direction* of the peculiar genius of the disease, and the characters of the febrile movement are unchanged by them. While the most appreciable differences between one case and another of similar intensity, are the local lesions developed, and while these may be widely divergent, the general phenomena receive from them no special stamp, but impress upon them certain characteristics not to be mistaken. I do not wish to be understood that every case of erysipelatous fever is similar in its periods of rise, state, decline, and termination, and that the differences of local lesion do not retard or hasten these periods, but that the formative powers of the disease, if I may use such an expression, are identical in all

cases, and that they stamp upon the organic lesion fixed characters. To give an example, the bronchitis which frequently occurs in this disease, is not accompanied by either the rational symptoms or physical signs of a common bronchial inflammation; it is characterized by an absence of cough, an extremely hurried respiration, with copious sero-mucous effusion into the air passages, proving rapidly fatal. In those cases which I have witnessed, the bronchial lesion was evidently a mere extension of the erysipelatous inflammation of the fauces and posterior nares, which is as common to erysipelas as the anginose affection is to scarlatina.

In the case of puerperal peritonitis there is a special modification of the symptoms, and a determination of locality, dependant upon the peculiar condition of the organism during the reproductive process, so that while the disease still adheres to its favorite tissue, it is directed to the peritoneum by a secondary influence, which also changes in a measure the general aspect of the symptoms.

If, then, it is an established fact that in the malady termed erysipelas, various internal and external inflammations occur as the result of the specific character of the general disease, what more rational supposition, than, that it is the same elementary tissue of the different organs which suffers the primary lesion? To suppose that in different structures, different elementary tissues become the seat of the same specific inflammation, is to suppose that a certain specific poison is capable of producing like impressions upon all parts of the organism. Such a supposition is at variance with all known pathological laws.

If I shall succeed in directing the attention of those better qualified than myself to investigate this subject, I shall have accomplished all I desire.

ART. VI.—*Two Cases of "Morbid Erectile Tissue." Treated Successfully by Heated Needles.* By J. W. SCHMIDT, M. D., of New-York. Reported by W. M. FITCH, M. D., of Charleston, S. C.

As regards the name of the disease in point, its synonymes are several. We have "aneurism by anastomosis" of Bell; "morbid erectile tissue" of Dupuytren, "erectile tumors," "nevi," "birth stains," &c. We prefer that of Dupuytren, as being more significant in expression. Jno. Bell first clearly pointed out the peculiar characters of this disease, ascribing it to close commingling of dilated and tortuous branches of arteries and veins, by means of cells of the cellular tissue—later writers, however, consider his "cells of cellular tissue," to be nought but the enlargement and dilatation of portions of vessels, freely inosculating. The disease may exhibit itself on any portion of the surface, or even in internal structures. It is most frequently congenital, perhaps small and indistinct at birth, but increasing with general growth, oftener slowly and surely, than rapidly. One or two rare cases are reported, in which there was this disposition to increase, They have unaccountably, spontaneously disappeared, but this fortunate result is most rare indeed. Its appearance differs much—now it presents lateral and superficial extension, then again a tumor of smaller neck and larger base, then one of deeper implication jutting out, and extending upon the cutaneous surface. All agree in this however, viz.: more or less pulsation existing upon pressure; the color generally is quite purple, now and then of a florid hue; coughing, crying, mental emotions, position, all more or less induce temporary increased tumefaction. Besides attendant deformity, they are most dangerous in the event of accidental injuries, causing their rupture, whence often uncontrollable hemorrhage supervenes.

Of remedial processes presented, several attract the eye of the surgeon, viz.: pressure, caustic, setons, needles with twisted thread for strangulation, vaccination, subcutaneous incisions, excisions, and heated wires or needles, etc. With the

exception of the last mentioned, many objections can be urged against the inefficiency of some; the suffering and torture produced, and violent attendant hemorrhage of others.

The merit of the heated needle process consists in its general applicability, the celerity of the operation, less suffering, amount of hemorrhage, more frequently limited, results eminently successful. The ingenious suggestor of this method is unknown, and hence its history is all wrapt in obscurity, save that of later periods—say that of the past eight or ten years.

Among the first operators in America were Drs. Mott and Schmidt, of New-York. Since then the operation has become more general—sufficiently so as now to be styled the "American process." Dr. Schmidt being on a visit to his native city, Charleston, in June, 1847, was called upon first to operate for this affection, on a male infant, six months old. The history of the origin of the tumor is interesting, as being one of the many instances which can be adduced to exhibit the power of violent mental emotions of the mother to affect the foetus in utero, in the way of "birth stains," "marks," &c. The mother, a lady of refinement and intelligence, of nervous temperament, was from some affection of the left eye-tooth, compelled to apply to a dentist for relief, he advised a leech to be applied to the inner surface of upper lip. The lady, at this time, was unconsciously in the first month of pregnancy, and dreaded and shuddered at the application of the leech. At the birth of the infant, a small blue-ribbed line, bearing the appearance of a leech was noticed on the mucous membrane of the upper left lip, answering to a similar point of the mother's lip where the leech had attached itself. At birth, it was just perceptible, but as the infant thrived, so the erectile tumor increased, until at the time of the operation, it was about the size of the largest nutmeg, causing the lip to jut out, and throwing it up towards the nostril. It had a purple color, doughy feel, and a pulsating character, and was much puffed out upon crying, &c. The disease naturally gave unbounded anxiety to the minds of the parents, and with mingled feelings of pain and pleasure, they embraced the idea

of a successful operation,—of pain at the thought of the suffering and risk to be undergone by the little, unconscious one, of pleasure, at the idea of the perfect obliteration of the deformity. Dr. Schmidt, after a careful examination, fairly stated to the family the risk of the operation arising from hemorrhage, but still thought all the probabilities in favor of a successful result—a day was appointed for the operation, June 9th, and several friends were present. The doctor's instruments consisted of eight spear-pointed needles, one-sixth of an inch in diameter, and a large alcoholic lamp, for the heating of the needles. The infant was held in the arms, well wrapped up in a piece of light cloth, leaving only its head exposed. An assistant continually heated the needles for use. Dr. S. thrust heated needle after needle, at a red heat, into the tumor, to the number of some 30, having great care of the cutaneous edge of the lip, that it might not be disfigured—while one needle was being applied, others were in the flame, so that no time was lost in their application. The operation consumed not more than ten minutes. The hemorrhage was very limited, and the little subject appeared to suffer but little; after the operation, it immediately smiled upon seeing its mother enter the room. Six hours after the lip was much swollen and heated from inflammatory action setting up—cloths were ordered to be continually applied, moistened with rum and water—one part of the former to six of the latter—shortly after the operation, three drops *Tr. opii* were given and it slept quietly some hours. It resumed its nursing with comparatively little inconvenience. Sloughs commenced to come away on the third day, when weak kreosote water was used as a wash for correcting the fœtor, and acting as a gentle stimulant. The wound continued improving, with but little change until quite healed. Twenty-two days from operation the part looked quite natural, with the exception of a slight notch on a point of the lip where the disease had extended; this was destroyed by cautery. Six months after, a slight discolored swelling appeared, about the size of half a pea, being evidently a remnant of the former disease. The succeeding June,

1848, Dr. S. again visited this city and repeated the operation, thrusting in four or five needles; the part healed, but not so quickly as before. More than a year has now elapsed with no return of suspicious appearances.

Case 2.—Upon Dr. S.'s again visiting Charleston in April, 1849, a similar case, but of graver character, presented itself to his attention. The subject was a lady, about 30 years of age, of good constitution. It was congenital with her, increasing slowly as she grew up, but after menstruation it inclined to increase more rapidly. When Dr. S. examined it, it was about the size of a small hen's egg, situate at the same point as in the other case, a rare coincidence of two cases of the same disease, thus successively presenting themselves to the notice of a surgeon at the same point. The tumor caused much deformity of the face, forcing the upper lip to jut out, and encroached upon the left nostril, filling up the enlarged space between the nostril and the corner of the lip, producing discoloration as high even as the malar bone. The pulsating feel of the tumor was well marked; stooping down or holding her head in a dependant position, would cause it to swell out to at least half more than its natural size, presenting almost a black appearance, crying, or any mental excitement caused it to puff out for the moment. Just before menstruation it was a little larger than usual. The features of the lady were generally regular and prepossessing, but this deformity marred everything. Perhaps womanly vanity impelled her to undergo any risk to be relieved from her unsightly blight.

Dr. S. informed her of the danger of accruing hemorrhage, but having already determined upon submitting to the operation, she was still anxious to have it performed. For so extensive a tumor, ordinary operating needles would not answer, being too small in diameter—six were made for this purpose, one-eighth of an inch in diameter, and about six inches in length, handles not included—three were spear pointed, and three square pointed, a tinman's hand-furnace, with ignited coal was brought into the room, for the purpose of

heating the needles—an assistant having charge of this process in the operation.

The operator commenced as before, thrusting one heated needle after another in quick succession into the tumor, and allowing them to remain perhaps twenty seconds at a time, now and then he had three needles at one time thrust into the tumor, and withdrawing them, pierced points yet untouched. The needles, in this case too, were introduced through the mucous membrane of the upper lip, again using every precaution not to deface the cutaneous edge—some forty needles were thus introduced and withdrawn, considerable blood had been lost, the parts seemed well acted upon by the cautery, the tumor having shrunk in a small degree, yet blood still poured forth freely in continued jets—point after point, where blood seemed to spring from, was thrust, yet all proved unavailing—recourse was then had to several large and straight sounds, about the size of the little finger, heated to a red heat and thrust into the bleeding apertures, with the effect to restrain the hemorrhage. The pulse had now become affected, feeble in force, in volume thread-like, her cheeks became blanched, and twice syncope embarrassed the operator. The idea of a successful operation was now becoming a dubious one, and friends were fearing an unfortunate issue. The doctor luckily bethought himself of the punk and sponge, which he applied with the most beautiful result. He adopted two layers of punk directly to cauterized surface, over this a piece of compressed sponge, confining all pretty tight with a compress and bandage; with this arrangement, blood ceased to flow, and shortly even to ooze. In a little time, infiltration of the upper lip and cheek, as high as the malar bone of same side took place, giving that side of the face a disagreeable blue appearance, to the feel, firm and tense.

The operation, with its accidents, lasted near an hour. Before the operation, she much desired the administration of chloroform, which the doctor, after much entreaty on her part, consented to, he himself being averse to its use in this

case. It had to be quickly desisted from, for two reasons, it rendered her highly excitable and unmanageable, then again the danger of strangulation from blood pouring down the throat in the state of anæsthesia; after its attendant excitement wore off; she bore the operation with much fortitude. Four hours after the operation, she was visited—found no hemorrhage, and general feeling comfortable. Gave ten grains Dover's powder.

April 19th. Passed a quiet night; some little excitement about the pulse, and some heat of skin; bandage felt uncomfortable, it was removed, leaving only the punk attached; ordered the face and wound to be washed with weak rum and water, and directed the swollen portion to be kept continually moist with it. At bed-time, she complained of slight headache; ordered mustard foot-bath. *Friday 20th.* Passed a fair night, constitutional disturbance only slight. The application being disagreeable to the patient, it was changed for the best German cologne, diluted with water. Bowels have moved twice naturally since the operation; diet light and nourishing; parts locally present about the same appearance. Towards evening, she became excited and restless, from conversation with others, when she was ordered x grs. Doveri. *21st.* Passed only a tolerable night from fear of hemorrhage, which was ungrounded. Parts in appearance same, except a small spot at the left alæ of the nose, which is discolored; a little offensive secretion is seen oozing from the cauterized surface; punk still adherent; stomach, from the secretion, inclined to nausea, so that little nourishment was taken; prescribed yest poultices to the part, to be renewed every three hours. *22d,* Sunday, punk came away in the night without any hemorrhage; ordered the yest poultices to be continued regularly, and when poultices are removed for change, wash the part with weak chloride of soda water; bowels confined, prescribed a portion of manna. The dark spot is inclined to enlarge, the poultice is to be applied well over it. She has no febrile excitement, and upon the whole is comfortable. *23d.* Manna had acted gently, nausea of the stomach is lessened, the dark spot

is still enlarging, and inclined to slough. Towards evening, the whole lip pained her much, and she became quite restless. She has taken for the last two days pulv. cinchona, a tea-spoonful every four hours. Ordered ten grs. pulv. Doveri at bed-time; no other portion of the lip is discolored except that point near the alæ of nose. 24th. The dark circle still looks badly, but cauterized portion of lip is commencing to come away as wished for. The general appearance of the parts is fair. Felt quite comfortable for the day.

April 25th. Passed a restless night, and she is this morning desponding in spirits, although there is no perceptible cause for it. The wound still looks well, and the sloughed circle is cleaner, and not disposed to enlarge; continue the application; Dover's powder at bed-time. 26th. Passed a good night; the proper sloughing still continues from the cauterized surface of the lip. It is not excessively offensive, being well corrected by chloride of soda wash; the lip is much reduced in its general enlargement; continue applications. 27th. Doing well; opening still the same, cauterized cavity discharges freely. The parts were ordered to be washed with a decoction of bark with a little chloride of soda; yest poultices still continued. 29th. Lip much reduced in size; no traces of enlarged vessels present; discharge not so much nor so offensive; the external opening near the alæ of the nose still the same; internal cavity yet considerable, say sufficient to hold a large nutmeg; discontinue yest poultice, but continue the injections into the cavity, and dress the parts with simple cerate spread on thin lint; patient's spirits are now quite buoyant, with the prospect of complete relief from the deformity. The opening gives her some anxiety, fearing it will never close up; general health excellent.

May 4th. While stooping down to lift up an infant, blood dropped from the wound. At first, it was thought that it came from the cavity, but upon closer observation, we found it to proceed from a little fungous growth on the edge of the lip; applied nit. argent. The appearance of the part now is excellent; the lip is almost of natural size; the cavity is

filling up, and there is little discharge. 10th. Healing process is rapidly progressing. 16th. The parts are quite well, there is now no deformity whatever. Lip is natural in size, and there is scarcely any indentation at the alæ of the nose, where the aperture was. Her friends state they have never seen her look so well since birth.

ART. VII.—*Cases of Permanent Stricture of the Urethra, Cured by Cutting.* By JAMES BRYAN, M. D., of Philadelphia, Professor of Surgery in Geneva Medical College, N. Y.

To the Editor of the New-York Journal of Medicine, &c.

DEAR SIR,—I promised, when I last saw you, to send a short communication, for the pages of your valuable and extensively-read Journal. It has occurred to me, in looking over my notes of cases in my day-book, that perhaps the following cases will be as interesting as any thing I can send ; as they relate to a very common disease, and one which it is difficult in the ordinary way to *cure*, it will be proper that I should premise a few general remarks on *my* plan of treatment.

It is well known, that the common modes (dilatation and caustic) of treating permanent strictures, are to the last degree unsatisfactory. Patients are relieved temporarily by the forcible introduction of bougies, especially conical ones ; by the judicious use of caustic, &c., but the disease generally remains, and the patient either returns to the surgeon, or goes to another for further temporary relief. Years pass on, and the stricture becomes gradually worse, until the patient, especially in cold weather, is in daily danger of a rupture of the bladder, from retention of the urine, and the impossibility of passing *any* instrument through the urethra into the bladder. In other cases, the patient is doomed to carry with him at all times, a number of bougies and catheters of “assorted sizes,” in order to relieve himself under the almost certain emergency. I cannot perhaps, better detail my mode of treating these *hard* cases, than by referring to one which came

under my care several years ago, with three others which followed. It was that of Mr. S., a young married man, who had for nine years suffered from stricture in its worst form. We had gone through the usual dilating and caustic treatment, with temporary relief from time to time, until the canal had, as far as the introduction of any instrument went, entirely closed. A very small stream, or rather dropping of urine, which of course demanded a long time to evacuate the bladder, was the extent of his power of urination. He had in fact, several times been in danger of rupture of the bladder from retention. Having tried a large number of our most respectable surgeons without permanent benefit, he despaired of relief. On examination I could distinctly perceive from without, commencing about $5\frac{1}{2}$ inches from the mouth of the urethra, a large cartilaginous stricture, which seemed to extend $1\frac{1}{2}$ or 2 inches along the passage. On reflection, I came to the conclusion that nothing but a complete division of the strictured part would be of any avail. I called upon our surgical instrument makers, but found nothing that I could use, but got Mr. Shively to make me a flexible metallic catheter, with a stylet, on the distant end of which was fixed a blade. With this instrument (a full account of which will be found in the *Medical Examiner* of 1847,) I succeeded in a few sittings in entirely dividing the stricture; since when, he has had no difficulty in urination or symptoms of the disease. The following cases have occurred since that time.

Mr. B., a respectable merchant, from a town in the western part of New-York, came to Geneva, while I was lecturing there on surgery; and consulted me about his case. In my notes, I find that he applied on the 15th of June, 1849. The stricture was of 12 years' standing. He had consulted many eminent surgeons in the state and city of New-York; had had caustic, dilatation and *scarifications* tried. In reference to the latter mode of treatment, my opinion is that, at best, in the cartilaginous form of the disease, they can but palliate. Mr. B. supposes there are two strictures, one $5\frac{1}{2}$ inches, and the other 7 from the mouth of the urethra.

June 16th.—On examination, I find that the first stricture is cartilaginous, and at least an inch long. The second is longer, and in the membranous portion of the passage. Two incisions were made to-day; one at 12½ o'clock, and the other at 3½ P. M. The instrument advanced more than a quarter of an inch; the stricture, after the incision, was distinctly felt to give way before the point of the instrument.

17th.—Two incisions have been made to-day; one at 9, and the second at 3 o'clock. Mr. B. says that no blood followed the first incision yesterday, and only a few drops after the second. That the stream of urine is much freer and larger. This morning's operation excited a little pain, and produced a little blood. The afternoon's incision was followed by about fifteen drops of blood, but very little pain, and an advance of the instrument of about one inch.

18th.—One incision—a few drops of blood—no pain.

20th.—The bougie passes one and a half inch further. The first stricture is fully divided and passed. Some soreness, and a little pus—to apply cold water to the perineum, and take a dose of salts. *A good stream of urine.*

22d.—Quite comfortable; no discharge of blood or pus; continual rest and low diet.

26th.—Made an incision, and gained an advance of one-quarter of an inch on the last.

27th.—Advanced another quarter of an inch after an incision.

28th.—Made another incision, which was repeated on the 29th and 30th, when the passage was clear to the mouth of the bladder—no difficulty in inducing an ordinary sized catheter.

Having left Geneva the next day, I became anxious to hear from my patient, but did not until one day last week—November 23d. The treatment was successful, and a gentleman from a neighboring district, who has suffered from the disease about three years, has just been treated in the same way, and discharged. The gentleman came to Philadelphia to consult me.

Nov. 19th, 1849.—Mr. P., aged 23. This stricture was passable with a small conical bougie, and was located a little beyond the curve of the urethra. An incision was made, and a free cathartic recommended.

20th.—A little soreness on passing a small metallic sound at the point where the incision was made.

21st.—An incision made ; the instrument advancing about half an inch beyond the first point.

22d.—No incision—thinks the urine flows better than it has for years.

23d.—Cut gained an inch. The operation was repeated on the 24th and 25th, when the passage was perfectly clear. (A large sized metallic catheter passes readily to the bladder. The patient remained a few days longer, taking cathartics several times during the treatment, and living on a vegetable diet. He was perfectly relieved, and I hope cured.

CASE 3.—Mr. I., from Georgia, æt. 35, with a stricture of nine years' standing, having used bougies and caustic again and again, came to consult me. The first incision was made October 22d, and repeated five times, the instrument each time advancing from one-eighth to a quarter of an inch.

No other treatment was resorted to. Only a few drops of blood were lost and the stream of urine was restored to its natural size. A full sized bougie can be introduced with the greatest facility. The particulars of this case are so much like those of the first, that it is needless to repeat them.

It will be remembered that Civiale has adopted the cutting mode of treating stricture, but that a fatal objection lies against his instrument, inasmuch as, like those of Amusat and Lallemand, it must *pass the stricture* before it can be made to operate, and then only *scarifies*. He tells us that he has long been in the habit of cutting through strictures near the mouth of the urethra, and that now he cuts them beyond the curve. Mercier's ideas, in our opinion, are the nearest cor-

rect : viz., that the stricture must be *entirely* divided, in each direction.

I think that the use of bougies and dilators of any kind are prejudicial, and tend to develop strictures rather than cure them. I recommend no dilatation after cutting, but rely upon the urine itself keeping the incisions open, and the sides of the stricture from adhering.

ART. VIII.—*Remarks on Epidemic Dysentery*. By A. WILLARD, M. D., Greene, N. Y.

To the Editor of the New-York Journal of Medicine.

In the *Annalist* of January 1st, is a paper on epidemic dysentery as it appeared in this place in the Summer of last year, and I now take the liberty to send you some further remarks upon the same disease, in continuation of that paper.

There were several anomalous cases occurring which were not dysenteric, but which have, nevertheless, in their composition, so much of the character of the prevailing epidemic as to show distinctly that they were modified, more or less, by the same intangible morbid influence which seemed to pervade the whole community.

Perhaps the easiest and best way to get at an understanding of these cases is to relate some two or three of them in as short terms as may be.

Mr. O., a gentleman of delicate health, from pulmonary irritation, sedentary habits, and temperate in everything, between fifty and sixty years of age, had the premonitory, feculent diarrhoea for a few days, but not so severely as to call his attention particularly to the subject. He was taken one morning, with a very great degree of prostration, the evacuations changed from a feculent to a reddish color, and became exceedingly offensive, but they did not occur oftener than from two to four times a day. There was no pain of consequence, the stomach was exceedingly irritable and refused to retain the mildest articles of nourishment, except in very minute quantities; the pulse was weak and feeble and the face pale.

Now, in this case there was a degree of hemorrhage, small in quantity undoubtedly, asthenic in its character, and extremely prostrating in its effects.

Recourse was had to alternate doses of acetated tincture of opium and chloride of soda, and such quantities of chicken or beef tea as the stomach

would retain; which was not more, for some days, than a teaspoonful at a time. Under this course he gradually recovered his previous state of health.

Shortly after Mr. O. was taken sick, Mrs. O. was suddenly seized while about her ordinary domestic concerns, with a sensation of utter and entire prostration. Mrs. O. was a woman of pretty firm constitution, and ordinarily enjoyed good health. Previously to this attack she had had no diarrhœa, and no disturbances of any description about the first passages, but on its access she had one alvine evacuation of a fluid character, which was followed by this sense of prostration. It was the only one she had, unless procured by means of laxatives; but still the prostration continued, and she was even unable to be raised in the bed without a sensation of faintness; her pulse was weak and forceless; she had no pain, and no febrile symptoms. She was treated with opium and brandy, and recovered in a few days.

The next case I shall mention, was one of pure dysentery, but singular in its progress and symptoms.

A fine, active, healthy little boy, of five years old, went to bed in perfect health, and arose in the morning apparently well, but soon after had a bloody evacuation; he complained of no pain, nor any other uncomfortable feeling. The evacuations, however, continued of the same character, and became more and more frequent, at last occurring as often as every ten or fifteen minutes. His strength soon began to fail; the bloody evacuations continued for about five days, after which they gradually took on that fetid cadaverous odor which was in all cases the sure precursor of death, and after about five days more he died.

Through the whole course of the disease he did not complain of pain, or soreness of the abdomen, or nausea, or any other of the symptoms which were usually present; in short, there were no symptoms except the dysenteric discharges and the attendant prostration.

Many other anomalous cases presented themselves, but those already narrated are sufficient to show the general tendency of the epidemic.

The sequelæ of the disease were in many instances of an unpleasant character, but I believe, except in cases where probably extensive ulceration of the mucous membrane of the bowels took place, all terminated eventually in health.

It often occurred that the severe griping pains did not subside with the subsidence of the disease, so that it was frequently remarked, (Hibernice,) that "the patients got well without getting any better." In these cases the frequency of the evacuations became gradually less;

the tenderness of the abdomen subsided, the appetite returned, the stools resumed a natural appearance; the patients regained, in some degree, their strength, and still the pains were excruciatingly severe. One of the worst cases of this sort was relieved by a few small doses of ferruginated blue pill, others by opiates. In these cases there was no very certain evidence of an ulcerated state of the mucous membrane. In other cases evidence of ulceration was quite distinct and prominent. Some of these cases were treated with a combination of the tinctures of creosote and laudanum, others with a solution of strychnine, and sometimes recourse was had to counter-irritation. I think the solution of strychnine was rather the most effectual in most cases.

Another form of termination, or rather sequel to the disease, was in pains of a neuralgic character. Perhaps this would be better defined by calling it a neuralgic rheumatism. After the patient had apparently recovered from the effects of the disease, and seemed to be in point of fact, approaching his ordinary state of health, he would be suddenly seized with pains in the limbs, along the course of the muscles, and in the joints, both large and small. These pains were generally more severe in the night. There was no particular swelling, nor fulness in the pained parts, but the lameness was quite troublesome. The stomach and bowels were not particularly disordered, and the appetite remained very tolerable. This state of affairs was met by opiates and tincture of colchicum, and under such treatment, the patient gradually and permanently recovered.

These are some of the most prominent of the anomalies and sequelæ of the disease as it appeared among us last summer and fall.

This present season, an epidemic dysentery has again made its appearance, and still continues its ravages, though with decreasing severity. It is a little singular, perhaps, that those places which were most severely visited by the epidemic of last year, have been comparatively free from it the present season. The cause of this, I leave others to discover. The Chenango Valley, for instance, in which it displayed its worst features last year, has been this summer comparatively healthy, while some parts of the Valley of the Otselic, which is only a few miles west of this, have suffered to an extent which almost puts the cholera to the blush. On the hills too, which last year were for the most part free from the disease, it has appeared in a form extremely unmanageable and fatal. The disease, during the present season, has, in many respects, an entirely different character from that of the previous year. It is undoubtedly the case, that there is more or less of the cholera influence attending it. Last year there was a

great degree of tendency to prostration—this year, that tendency is far greater. The character of the evacuations is widely different. Last year, they were in appearance coagulable lymph mixed with blood—now, they are more generally bloody mucus—in many cases there is a decidedly hemorrhagic tendency, and frequently the discharges of blood are pretty copious. As was the case last year, the disease is preceded, in a majority of cases, by diarrhoea generally, but not always unattended with pain. There is now also, in many cases, a strong tendency to inflammation of the whole mucous membrane of the first passages, and more particularly of the stomach. I do not speak very advisedly on this point, as I have had no opportunity for post-mortem examination; but it is indicated by a very red, and somewhat dry state of the tongue, tenderness of the epigastrium, and an extreme loathing of food. This state comes on generally, not always, after the disease has lasted for some days, and renders convalescence very tedious and unsatisfactory.

The treatment which seems to be most efficient in the present epidemic is a good deal different from that of last year. I speak now of our own locality, for I am aware that in other places, the course pursued has been far different from that which we have found to answer the best purpose here.

If a cathartic be administered during the premonitory diarrhoea, the consequence in a majority of cases is the immediate accession of bloody stools, with the ordinary accompaniments of severe griping pains, tenesmus, &c., and if given during the first few days of the disease, it is invariably rendered altogether more unmanageable and severe. If laxatives are used at all, we employ only the mildest kind, such as calcined magnesia and the like. Perhaps a mild alterative course, consisting of minute doses of hyd. c. creta, is in some cases beneficial. But the remedy which is most to be relied on, and which almost always puts a stop to the premonitory diarrhoea, and frequently to the fully formed disease, is opium in some form, combined with a stimulant—such as laudanum combined with camphor and essence of peppermint, or compound tincture of lavender. A very excellent formula is one mentioned by Dr. Page, of Louisiana, in a paper on the cholera, inserted in the Boston Medical and Surgical Journal of July 4th, 1849. It consists of two parts each, spirits of camphor and compound tincture of lavender, and one part each of acetated tincture of opium and Hoffman's anodyne liquor. Opiate enemas and compresses to the anus wet with tincture of cicuta or laudanum, or laudanum and a solution of sugar of lead, are in many instances beneficial, and add greatly to the comfort of the patient.

I do not mean to be understood that this plan of treatment will apply universally, but only that it answers the purpose tolerably well in this locality.

I will add only a few desultory remarks to this already extremely unmethodical epistle. Almost every writer upon dysentery, in giving his views on the subject, edifies us with a long theoretical prelude wherein one arrives at one conclusion and another at another. One gravely informs us that the whole disease depends upon the presence of scybalæ, and accordingly recommends the free use of cathartics as the only true course for the salvation of the patient. This doctrine, by the way, is rather of ancient date, and does not apply particularly well to the disease as it appears in these our days, but there is no reason to doubt, I imagine, that an epidemic dysentery may have occurred in which this state of affairs was a particular characteristic of the disease. Another bases his treatment upon acute inflammation, and of course advises venesection and antiphlogistics to the full extent. Another talks about diseased secretions from the bowels as the sole cause, and they of course must be got rid of by means of laxatives and cathartics. Another makes a sort of compound of inflammation and irritation, which must be remedied by means of narcotics and sundry other anti-irritants; and another still, lays the whole cause of the disease to the charge of that everlasting scape-goat, the liver, and he of course drenches his patients with untold quantities of mercurials. May it not be questioned whether the disordered functions of the liver are not rather a *consequence* than a cause of the disease? Are not those functions well and properly performed until the accession of that specific inflammation which constitutes the disease, and do they ever become normal until after that inflammation is arrested?

One practitioner lauds cream of tartar as "the sovereignest thing on earth;" another praises astringents with equal manifestations of confidence; another relies upon diacetate of lead as worthy of all confidence, and another still recommends nitrate of silver as almost a specific, and so on "to the end of the chapter."

All these causes may at times be true, and at other times false; and each of these different modes of treatment may at times be effectual, and at other times not one among them will prove curative.

Now we infer from all this, that dysentery is an exceedingly variable disease—that one epidemic assumes one form, and that another is of an entirely different character; in short, that every succeeding epidemic has its own peculiar modifications, and requires that the treatment should be modified accordingly.

It follows then necessarily, that instead of being bound to pursue any particular mode of treatment because we have dysentery to deal with, and because this writer or that tells us that some particular course is the true one, we must be guided altogether by circumstances, studying the particular form of the disease in all its bearings—its character, as sporadic or epidemic—as acute or typhoid—as modified by climate, by season, by locality, and giving at the same time very particular attention to the epidemic constitution of the year.

Guided by these circumstances, together with others which will suggest themselves to every practitioner, we may be enabled to select from all the multiplicity of differing and conflicting modes of procedure which have been recommended, some one which may suit the character of the prevailing epidemic, and enable us to meet it with some degree of success.

PART SECOND.

CRITICAL ANALYSIS.

ART. IX.—*A Theoretical and Practical Treatise on Human Parturition.* By H. MILLER M. D., Professor of Obstetrics, etc., in the University of Louisville. Louisville: J. V. Cowling & Geo. C. Davis. 1849. 8vo. pp. 447.

Parturition, and the Principles and Practice of Obstetrics. By W. TYLER SMITH, M. D., London. Lecturer on Obstetrics in the Hunterian School of Medicine. Philadelphia: Lea & Blanchard. 1849. 12mo. pp. 396.

We have grouped together these two works on obstetrics more for contrast than comparison; for in very truth, except that they are upon the same subject, they have scarce a single feature in common. One comes to us from abroad, from that great mother country to which our obligations are so infinite, from the metropolis of England, from one of the great centres of civilization. The other is from the Great West, from a city, the site of which, within the memory of men not yet passed middle life, was a mere wilderness. If thus different in their "*habitat*," our authors are not less dissimilar in their aims and pretensions. The one makes large claims to philosophical merit, speaks as one having authority upon physiology, psychology, the excito-motory powers, etc., etc. The other is a plain backwoodsman, and glories in being one; he is anxious to aid his brethren in performing the active professional duties which press upon them in this our utilitarian age, and in our working-day part of the world. It is obvious that these books must be spoken of apart. First, then, of our countryman, Yes, first of our countryman, for we are not of the number of those who believe that science like wine, improves by a sea voyage; on the contrary, we hold that upon every branch of the practice of medicine, surgery and obstetrics, the best book for American practitioners is one written by

an American. Therefore, the first place to our countryman, Dr. Miller.

The very first line of his preface smacks of the Great West in general and of old Kentuck in particular ; that our readers may at once have a taste of his quality, we will extract the passage.

"A MAN, in becoming an author, may be permitted to hold a free and easy colloquy with his reader, without justly exposing himself to the charge of egotism, even should he speak of himself, his plans, hopes and expectations more than is seemly in other situations. No one writes without presuming that he is able to teach ; and the success of his undertaking depends very much, on establishing at the onset a degree of familiarity between himself and his reader, on the same principle that the school-master relaxes his magisterial brow, and playfully receives the little urchins at their first meeting, not forgetting to pat their ruby cheeks and tell them something about himself."

The doctor now tells us something ("something too much"?) of himself, and then goes on to state the objects of his work as : 1st. "To give a full, correct and lucid description of the mechanism of labor." 2d. "To review the whole subject of presentations and positions with the light which his own experience and that of others has thrown upon it, and establish for them a classification and nomenclature which he thinks all may adopt." "His aim is no lower." Let us see how nearly he comes to the mark. His first chapter is on the obstetric properties of the pelvis. His descriptions are brief but clear, and his views of such controverted topics as arise, especially as to the place of the inferior strait (in which he favors the notion of Dugès, that the plane should be divided into an anterior or vulval and a posterior or cocco-perineal space,) and the axis of the pelvic cavity, (where he follows Cazeau,) are judicious, and expressed with a calm confidence in himself, and a disregard of "those great English authorities" by which our countrymen are so frequently enslaved, creditable to him as an independent thinker. Next comes an account of the obstetric *aptitudes* of the foetus. This too, is a good chapter. In chap. 3d the annexes of the foetus is treated of under the *Milleric* designation of "the appurtenances of the foetus." This account of the structure of the placenta is taken bodily from Willis' Translation of Wagner, and duly credited to Braithwait's Retrospect, Part xii. p. 320, where Dr. Miller found it. This is honest, and contrasts very favorably with the jumble which is made in some of our treatises on physiology and obstetrics, where physiologists of the Peter Parley school attempt to disguise, and only succeed in disfiguring what they do not understand. We concur in the truth of Dr. Miller's comment on this account of the structure of the placenta ; "then," says he, "it is anatomically different from that

of Hunter, it is not practically or physiologically different." His remarks on foetal nutrition are too positive for a subject on which, as he confesses, "we have no positive proof." The negative evidence is not "altogether satisfactory" to others, though it may be to Dr. M. We are surprised to find Dr. Miller expressing a doubt whether knots in the cord can cause death; we have seen a cord where the vessels were by this knotting reduced to less than one third their normal size. The cause that had produced this diminution, might surely, if continued, effect entire obliteration.

But we are warned by the amount of material still before us to hurry forward. Chapter IV. treats of the uterus as an organ destined to expel the foetus. This chapter pleases us less than the preceding. Then we enter upon the subject of labor. 1st. Its efficient causes. 2d. Exciting causes. As to the former, Dr. Miller's notion is thus expressed: "Labor is a contest between the body and the neck (of the uterus;) the former endeavoring to expel, the latter to retain the foetus." Surely a notion like this, is scarce important enough to justify the devoting of fifteen octavo pages to its development!

So of the exciting cause of labor, rejecting the pious physiology of old Avicenna, that "at the fitting time, labor takes place by the will of God." Dr. M. speculates and reasons on this matter through nearly twenty pages, finally adopting the theory of Dr. Power, *official irritation*. Having waded through these, far the least able and least interesting portions of Dr. M.'s book, we come upon a sensible and accurate description of the phenomena of the first stage of labor, and a few very judicious rules for the conduct of the case. Then we have the phenomena of the second stage and rules for that portion of labor; to which is added, a chapter on what Dr. M. not very happily calls "impotent action of the uterus," meaning inertia from exhaustion, though here too we have to complain of a disposition to waste time in speculations as to the exact state of the uterine fibre, circulation, &c.

But we must pass on, Dr. M. adopts the presentations, &c., of his favorite Dugès, and argues *lengthily* upon the advantages of this arrangement. It suits him, at any rate, and nearly all of the remainder of the volume is taken up with descriptions of the mechanism of the different positions and presentations. This part of the work is very elaborately and very ably written. It is not till we reach the 400th page, that we come to the third stage of labor, and here we reap the fruits of the long speculative discussions by which the earlier pages are filled—the important subjects of asphyxia neonatorum, retained pla-

centa and uterine hemorrhage, are all crowded into one chapter—nor can we at all agree with Dr. M. in his treatment of the latter most dangerous complication of labor. He speaks of frictions, pressure and cold, as means of little value, says ergot will do very well, “if we put no trust in it,” but “the hand—the hand carried into the uterus to press upon its internal surface, aided by counter pressure from without”—this is “the main chance.” Here we are at issue with Dr. M. We believe that such introduction of the hand to press upon the internal surface of the uterus, will often do harm, and still oftener fail to do good; and on the other hand, we have never yet met a case where the cold dash—not water poured from a tea-pot, as Dr. M. proposes, but water dashed on by the pint and quart would not excite contraction—often and often have we felt the uterine tumor harden under our hand, and never have we ventured to introduce the hand, either to remove the placenta, or to excite uterine contraction, before we felt the hard uterine tumor, that we have not regretted it—for years, we have abandoned it altogether.

With these remarks, we leave Dr. M. He has made a good book, one which compares very favorably with works of larger size and greater pretension; but when it reaches a second edition, we hope some of the speculations will be cut out, and practical matter put in. The book is well published; printing good; (though the errata is too large,) paper excellent; altogether, it is a very favorable specimen of “book-making at the West.”

We now turn to Dr. Tyler Smith. His work, like so many recent English medical publications, first appeared in fragments in one of the journals. It is put in the form of lectures, which fill a duodecimo of about four hundred pages.

The first observation we are tempted to make, is, that Dr. S. holds an enviable high place in his own good opinion. His statements of his own claims, and his mode of dealing with those that differ from him, all show this. Our next generality is, that Dr. S. writes his own language with a degree of inaccuracy which really amazes us, coming from a London teacher. Such atrocities as the following can be picked out of almost every page: “for the sake of invidiousness,” meaning invidiously “the parts of the child conduct themselves,” meaning—we know not what.

The leading idea of Dr. T. Smith's book is the application of the doctrine of reflex function to labor. To preach and teach “*reflex obstetrics*” is evidently his mission, his speciality, or to drop these new-fangled terms, and resort to an old-fashioned phrase, his *hobby*.

Before we attempt to follow the track of this high-mettled steed, we have a word to say about Dr. S.'s introductory. The object of this lecture is to compare British and continental obstetric medicine, and also "to explain some of the perturbations which have recently crept into the British school." These creeping perturbations, as afterwards appears, are the innovations of Professor Simpson, innovations which have greatly disturbed the peace of certain of the London teachers. The tone in which the comparison between British and continental midwifery is made, is eminently English. It runs on pretty much after the following fashion:—*axiom*, the state of the obstetric art, may be taken as a standard of civilization. *Postulate*—"there is no branch of medicine which more commends itself to the genius of the English people than obstetrics." *Inference*—civilization has reached its acme in England. *q. e. d.*

Dr. S., as we have before stated, believes that his mission is to preach the reflex function, and accordingly he does preach it with abundant zeal and superabundant confidence. He accepts, as literal truth, the declaration of Marshall Hall, that "the whole question of obstetric science is one of the true spinal system." To unfold and establish this a *axiom* is the object of Dr. Smith's book. But a very cursory examination of it will, we think, satisfy any one who is fully imbued with the modern spirit of accurate research, that however great the importance of the reflex function may be, and however close its connexion with obstetrics may hereafter be proved, Dr. Smith has not and will not demonstrate the one proposition or the other. He is zealous, eager, impatient of opposition, confident in himself—but in his eager and impatient zeal he forgets that in science a man's value depends—to use a celebrated phrase of Johnson's—not upon what we shall say, but upon what we shall *prove*. We find in every lecture many things confidently asserted which *may* be true, but they *may* not. Meanwhile they are unproven, for example, on page 48, we are told that "in parturition, physical pain and the resultant emotions play important parts, aiding *most emphatically*, when not excessive, all the motor actions of dilatation and contraction." Now this, though so confidently asserted is, as every physiologist knows, utterly without any foundation in observation or experiment—it is a mere rash assertion. On the very same page we are told that "the maternal emotion excited by the sight of the infant causes the uterus to contract in a very remarkable manner." In Lecture 5th we have a vehement assertion of Dr. R. Lee's claims to have discovered nerves in the gravid uterus. Here, as in

the case of the influence of the reflex function on labor, a good cause is injured by a bad advocate. That the amount of the nervous tissue should augment as the uterus generally increases in size with the progress of gestation, is in itself probable, and Dr. Lee deserves credit for directing the attention of physiologists strongly to this matter, but does Dr. Smith imagine that his friend's cause is helped by such reasoning(?) as he employs in the following passage, "The opponents of Dr. Lee confidently appeal to the microscope to prove the justness of their rejection of his labors, but the fact of such an appeal shows a prejudice against him, and a willingness to deny the fidelity of his dissections. The microscope is used to ascertain the intimate physical appearance of nervous and other tissues, but hardly, on ordinary occasions, to distinguish grossly between nerve, muscle, and cellular tissue. It must be borne in mind that the nerves of the body generally were dissected and held to be nerves upon other evidence than such as that furnished by the microscope long before this valuable instrument was invented. If, in the case of uterine nerves, we deny that the tracing of the scalpel or dissecting needle, continuity with other nervous structures, and careful ocular examination—for the debatable structures are quite large enough to be inspected by light and touch,—if, I say, these are not sufficient to help us to a decision in the case of the uterine nerves, neurological anatomy should begin again, and we ought to question the reality of every nerve in the body; for they hold their title to be considered nerves only on evidence, which, if applied to uterine nerves, answers directly in the affirmative." We do not believe that a more absurd passage than this could be found in any English physiologist of the present century. The microscope not used to "distinguish grossly as between nerve, muscle and cellular tissue!!" Very true, good Doctor, it is not used to distinguish *grossly*, but to distinguish *accurately*. Next we shall hear that chemical analysis is of no use in distinguishing as between acids, alkalis, salts, &c. No! Dr. Smith would have us rely on "careful ocular examination." It would be a waste of our time and that of our readers to follow such a writer through four hundred pages of rash generalization and confident assertion. Having satisfied ourselves that our guide is not trustworthy, we quit his company without ceremony as without regret.

C. R. G.

ART. X.—*Lectures on the Diseases of Infancy and Childhood.* By CHARLES WEST, M. D., Fellow of the Royal College of Physicians, Senior Physician to the Royal Infirmary for Children, etc., etc., etc. Philadelphia: Lea & Blanchard. 1850. 8vo. pp. 451.

[Continued from Vol. 3, page 392.]

As promised in our last number we continue the analysis of Dr. West's work. Lecture XXVII. commences with the diseases of the organs of digestion and assimilation. This lecture is prefaced by a very careful enumeration of the peculiarities of the digestive organs of infancy, in which we find the following facts stated. In the infant the peculiar *form of the digestive* organs, as well as their feeble muscularity, is well marked. The shape of the human stomach too, in the first month of existence, is widely different from that of the adult. It is long, but little curved, growing narrower toward either end, where it passes into the œsophagus on the one hand and into the intestine on the other. Its small curvature is but little arched, and its large curvature but slightly developed, running almost parallel with the other; characteristics which are all found in the stomach of carnivorous animals. No comparison is necessary to show that these conditions widely differ from those of the adult. The result of all this is, that the stomach of the infant is ill suited to retain matters long within it, and its small size unfits it for receiving much at once. If, therefore, the food given to an infant be such that it can digest with facility, it soon passes out of the stomach, and the infant speedily seeks for more. These arrangements, calculated for the rapid digestion of easily assimilated food, are not confined alone to the stomach, but the form and proportions of the intestines correspond thereto; these conditions, together with the fact that the peristaltic action of the bowels is more rapid than in adult life, Dr. West thinks causes the excrementitious matter to be more quickly expelled and the healthy infant to pass three or four evacuations in the twenty-four hours. All these peculiarities of development point to the *mother's milk as the proper aliment of the young*. How small must be the effort needed to effect the assimilation of this fluid? By degrees the stomach alters in form, its muscularity increases, the powers of the digestive organs become greater, and the child becomes able to derive support from food in which the nutritive principles are not presented in so simple a form as in the milk.

While discussing the important subject of the best substitute for the mother's milk in those cases where the mother refuses to perform to-

wards it a mother's part, or where by accident, disease or death the infant is deprived of the food which nature destined for it, our author very properly discards all those preparations of arrow-root, flour, or biscuit powder, in which the vulgar repose such confidence, and which the physician is apt, too often, to give countenance to. He gives preference to ass's milk when it can be obtained, "which from the small quantity of casein that it contains, is especially fitted for young or delicate infants." If cow's milk only can be obtained, it should be given in a diluted state at first. This, when healthy, invariably like that of the human female, is alkaline. The milk of the grass-fed cow forms no exception to this rule, "comparatively slight causes, however, exert a marked influence upon the milk of the cow in this respect; and if the animal be shut up and stall-fed, its milk almost constantly acquires a strongly acid property*—a fact which, of itself, is sufficient to account for the symptoms of gastric and intestinal disorder so often produced by it in the case of children brought up in large towns. Whenever, therefore, the attempt is made to rear an infant by hand under circumstances which render it impossible to obtain the milk of cows which are at pasture, it is desirable that the milk should be daily tested, and that any acidity should be neutralized by the addition of lime-water or prepared chalk, in quantity just sufficient to impart to it a slight alkaline reaction. If the bowels be disposed to be constipated, carbonate of magnesia may be substituted for the chalk." Dr. W. believes that there is good reason for believing that the milk of the stall-fed cows often undergoes a deterioration much more serious than the merely becoming acescent; and that changes not unfrequently take place in it such as must render it unfit for an infant's food, and calculated only to promote disease, showing the necessity, when an infant who is brought up by hand fails in health, for making a careful inquiry into the source of the milk with which it is fed; and for examining the fluid, both chemically and under the microscope, before proceeding to prescribe remedies for ailments which may be caused entirely by the unwholesome nature of its food.

Passing by the remarks of our author upon atrophy, dentition and the various forms of stomatitis, as presenting nothing particularly

* See the results of Dr. Mayer's observations on cows in Berlin and its neighborhood, in a valuable paper on the artificial feeding of infants, in the first volume of the *Verhandlungen der Gesellschaft für Geburtshilfe in Berlin*, 8vo., p. 56. Berlin, 1846.

new to attract our attention, we proceed to notice some portions of his lectures upon the diseases of the alimentary canal. *Softening of the stomach and intestines* is treated of somewhat at length. It will be remembered that the state of professional opinion is not as yet settled in regard to the pathology of this affection. Pathologists have endeavored to distinguish between two kinds of softening of these organs, one of which they regard as a post-mortem occurrence, the other the result of disease. Softening of the stomach in infancy is believed by Rokitansky to be of the latter kind.

It varies in degree from a slight diminution in the consistency of the mucous membrane, to a state of complete diffuence of all the tissues of the organ, in which it breaks down under the finger on the slightest touch, or even gives way of its own accord, and allows of the escape of its contents into the abdomen. When the change is not far advanced, the exterior of the stomach presents a perfectly natural appearance, but on laying it open, a colorless or slightly brownish, tenacious mucus, like the mucilage of quince seeds, is found closely adhering to its interior, over a more or less considerable space at the great end of the organ, and extending along the edges of the rugæ. This mucus is easily washed away, and the muscular coat of the stomach in those parts to which it had adhered is then left almost or altogether bare, and denuded of its mucous membrane. When the change has gone further, the stomach at its great end presents a semi-transparent appearance, though not uniformly so, but in streaks running in the direction of the rugæ; the destruction of the tissues having in those situations reached deeper than elsewhere, and involved a portion of the muscular as well as the mucous coat of the organ. If roughly handled, the stomach in many cases gives way, an irregular rent taking place at its great end, where the coats of the organ are found to be soft and pulpy, and to break down easily under the finger. In the next degree, the coats of the stomach are found to have been already dissolved in some parts, so that the contents of the organ have escaped into the abdominal cavity. The whole of the great end of the stomach, and a considerable extent of its posterior wall, are now reduced to a gelatinous condition, in which no distinction of tissues is apparent; and the parts thus altered are either transparent and colorless, or else of a pale, rose-red hue. The interior of the organ sometimes presents a similar tinge, even beyond the limits to which the softening of its tissue has extended. This, however, is by no means constantly observed, while in no case is there any injection of the vessels of the stomach, or any evidence of its having been the seat of real inflammatory action. The opaque and brownish appearance of the tissues—characteristic of pulpy softening—is but seldom met with in infancy.

The fact that softening of the stomach occurs more frequently in the adult and in persons who have died with certain diseases, than in those

who have died from others, has lead some to believe that, in the former case, a diseased and superabundant secretion of gastric juice, during the life of the individual had caused the softening of the stomach after death. Upon this point and also the theory of Dr. Elsässer, Dr. W. remarks :

The same hypothesis has been applied to account for its peculiar frequency in infancy, since at no period of life is gastric disorder so common as then. Some writers have advanced still further, and have endeavored to connect the existence of a softened state of the stomach after death, with certain well-marked symptoms of disorder of its functions. For my own part, however, I have not been able to discover any peculiarity in the character of such symptoms, nor even any constancy in their occurrence; nor have I observed that the disease of which the infant died has exercised any appreciable influence in predisposing to softening of the stomach, or in preventing its occurrence.

It would, perhaps, not be right to pass wholly unnoticed the theory of the cause of softening of the stomach, recently propounded by Dr. Elsässer. He refers the alteration of the tissues, not to the gastric juice itself, but to the acids generated during the decomposition of the food contained within the stomach and intestines at the time of death; and endeavors to account for the frequency of the occurrence in the case of infants, from the facility with which a free acid is generated in the milk, which forms a chief part of their sustenance. According to his researches, which appear to have been carefully conducted, the change never ought to take place when the stomach is empty; but his assertion that it never does, is opposed to universal experience. Though by no means true to their full extent, there is yet probably a considerable measure of truth in Dr. Elsässer's opinions.

Following the notice which our author takes of softening of the stomach and intestines, are some observations on the vomiting of blood in infants. This is an exceedingly rare affection, sufficiently so at least that it may with truth be said that its rarity prevents any one person from possessing what may be called real practical experience in it. The notice which Dr. W. takes of it will, however, repay the reader if he gives it a careful perusal. In most cases, remarks Dr. W., "the hæmatemesis has not recurred above two or three times in any quantity; and the children, though at first very much exhausted by the loss of blood, have eventually recovered. When death has taken place, the liver and the abdominal veins have sometimes been found gorged with blood, and blood has been found within the intestines, or extravasated between their coats, constituting what has been termed abdominal apoplexy; appearances which have been supposed to indicate that some impediment to the establishment of the new course of the circulation which the blood should follow after birth, has given rise to the accident.

In one of two instances of this accident that came under my notice, the cause of the occurrence was very obscure; in the other, the vomiting of blood was accompanied with many indications of hepatic disorder." In treating of the diseases of the urinary organs, we find the following remarks in reference to a disease of at least occasional occurrence in this country. The great and permanent increase (in the generally profuse flow of urine in the young subject,) when associated with certain changes in the composition of the fluid and the presence of saccharine matters among its elements, constitutes *diabetes*. Upon this disease our author thus speaks:

My experience concerning these affections amounts, in short, to this—that whenever the processes of digestion and assimilation are seriously disturbed for any considerable time in early life, the functions of the kidneys are very apt to become excessive in degree as well as disordered in kind. Further, such disorder is especially likely to occur just at that period when the simple but highly animalized food of the suckling is exchanged for the more varied diet of the infant after weaning. And, lastly, its existence may be suspected, whenever, coupled with more or less marked indications of gastro-intestinal disorder, there is a rapidly increasing emaciation, for which no adequate cause appears. It will, however, often happen, even when the amount of urine greatly exceeds the healthy average, that the parents of an infant take no notice of the circumstance, imagining it to be either an accidental and unimportant occurrence, or accounting for it as the natural result of the thirst, which induces the child to drink very abundantly. Hence, unless you make special inquiries with reference to this point, you may remain in ignorance of a very important symptom.

When once you have become aware of the existence of this affection, its *treatment* is attended by no particular difficulty, and, if undertaken sufficiently early, will often prove successful. The state of the bowels requires most careful attention: mild alteratives are frequently serviceable, but drastic purgatives are very unsuitable. The hydr. c. cretâ, in combination with Dover's powder, is often very useful in promoting a healthy condition of the evacuations; while the Dover's powder alone is also beneficial in calming the child's excessive irritability, as well as in diminishing the amount of urine secreted. Dr. Prout adds a caution, however, with reference to the use of opiates in these cases, as well as to the sudden withdrawal of fluids, since a suppression of urine may follow the incautious adoption of these measures, and that condition is almost sure to end in coma and death. Change of air to a dry and temperate situation, especially on the sea-coast, is of much importance, and the tepid warm sea-water bath is often beneficial; while tonics of various kinds are generally of service. The different preparations of iron appear to have advantages over other medicines; and Dr. Venables, who was the first to call the attention of the profession to this affection, bestows high commendation on the phosphate of iron. Dr. Prout insists, moreover, on the importance of a suitable diet,

into which albuminous matters should enter freely, in preference, though not to the entire exclusion, of those which contain gelatine. Milk should form a chief element in the diet; while of farinaceous matters, those are to be preferred which have not undergone the fermentative process. These precautions, too, must be observed, not for a short period only, but until the child has for some time regained its health, since a slight error is very likely to be followed by a serious relapse."

On the subject of incontinence of urine, Dr. W. adds nothing to our present knowledge. His observations on abdominal tumors are important, and deserving of the reader's more than ordinary attention. He has once seen the liver in a child the seat of malignant disease. It was of the unguoid kind. The patient was a little boy, eight months old, when the first symptoms of disordered health commenced. "The child lived to the age of one year; and for the last six weeks of his life, during which time I had the opportunity of watching him, he suffered from diarrhoea, which was occasionally very profuse. He became extremely emaciated, and his skin assumed an exceedingly sallow color; but the evacuations, though relaxed, were otherwise natural. No hemorrhage took place from the intestines, and the urine was found to be perfectly natural whenever it was tested. During the last month of his life, he had a slight cough and wheezing respiration; but death seemed due to the constant diarrhoea and the severe pain which the child suffered; his exhaustion being, doubtless, in a great measure, the consequence of the blood, which should have nourished his body, being diverted to supply the enormous mass of fungoid disease of the liver. During the six weeks that the child was under my observation, his abdomen increased from twenty-one to twenty-five inches in circumference, and the tumor, the surface of which was uneven, was always much larger on the left than on the right side. It turned out, however, on an examination after death, that the left lobe of the liver was almost completely healthy, but that it had been driven up under the ribs by the enlarged right lobe: that part of the organ was converted into a soft, white, brain-like matter, intermingled with which were portions of a firmer, highly vascular, fibro-cellular substance. The disease in short, consisted of a mixture of carcinoma medullare, and carcinoma fasciculatum. A few deposits of medullary cancer, one of them as big as a walnut, existed also in the right lung, but the other viscera were healthy."

He has met with malignant disease of the kidney in two instances in children. The first in a boy aged two years and ten months, and the second in a girl aged fourteen months. "In the former case, at

the same time that the child became languid and fretful, his abdomen was observed to be enlarging. For a few days in the early part of his illness, he was reported to have passed bloody urine; but this symptom did not recur during the subsequent progress of the disease. In proportion as his abdomen increased in size, he became more and more emaciated: he had occasional attacks of diarrhoea, but nevertheless his appetite continued craving; and it was not till ten months after the first symptom had been noticed that the child died, exhausted. In the case of the girl, the disease ran a much more rapid course, and death took place in ten weeks from the appearance of the first symptom. She was attacked with feverishness, gastric disorder, and occasional vomiting, which had not continued more than a week when her mother noticed a tumor in the abdomen. When these symptoms came on, the child was well nourished, but she lost flesh rapidly in proportion as her abdomen increased in size; her evacuations were often very unnatural, but at no time was there either diarrhoea or hæmaturia. Towards the end of her life she became very fretful, and seemed occasionally to suffer severe pain in the abdomen; but her death took place suddenly, and without any sign of her health being worse than it had appeared to be for some days before. In one case, the left, in the other, the right kidney, was the seat of the disease: the local symptoms were very similar in both instances, and consisted in the presence of a solid tumor occupying the lumbar region, and extending from the spine across the abdomen towards the opposite side, and reaching upwards beneath the ribs, and downwards towards, and in the first case even into, the pelvis. On examining the body after death, the nature of the disease was seen in both instances to be precisely the same, being a mixture of cerebri-form matter, and of the peculiar structure of fungus hæmatodes, while in both the kidney was considerably larger than the head of an adult." He speaks also of the enlargement of the spleen, the result of intermittent fever, and mentions a case in which this organ reached from under the ribs down into the pelvis, in a little girl about six years old.

The description and treatment of exanthematous fevers embrace two lectures. In these we see nothing new presented for the consideration of the reader, but like most of the other portions of this volume of Dr. West, the analysis of which we have now brought to a close, we find the evidence of the workings of a careful and observing mind. Should, however, a second edition of this work pass through the press, we would suggest to the author the propriety of preparing an extended "Index," which adds materially to the value of the work for reference for the practising physician.

BIBLIOGRAPHICAL NOTICES.

ART. XI.—*Surgical Anatomy*. By JOSEPH MACLISE, Surgeon. With colored plates. Philadelphia: Lea & Blanchard. Large fol. Part 1. Plates 16. pp. 40.

WE have here presented for our notice, a work which cannot but please the most fastidious lover of surgical science, and we hesitate not to say that if the remaining three numbers of this work are in keeping with the present, it cannot fail to give universal satisfaction. In it, by a succession of plates, are brought to view the relative anatomy of the parts included in the important surgical divisions of the human body, with that fidelity and neatness of touch which is scarcely excelled by nature herself. The part before us differs in many respects from any thing of the kind which we have ever seen before. The success of this work, which we understand in England has surpassed the expectations of its author and publisher, has been owing to this peculiar feature; viz., that of leaving appended to the dissected regions as much of the undissected as was necessary for the explanation of the anatomy arranged beneath. The object, as stated by the author, being to indicate the interior through the superficies, and thereby illustrate the whole living body which concerns surgery, through its dissected counterfeit. This part of the work clearly shows that it has been his intent to base the practical upon the anatomical, and to unite these wherever a common dependence was admissible. To the physician as well as the surgeon away from schools and the opportunity for dissections, this work cannot fail to prove of eminent usefulness. Of the truth of the illustrations therein presented, one who has seen nature has only to look to be satisfied. Never have we seen so much of the anatomical knowledge and patience of the dissector, and the skill of the artist combined in the person of the author of a like production. To each plate is attached a comprehensive commentary explaining all the most important anatomical facts, and showing their surgical and medical applications. It cannot then but be useful for the student both of medicine and surgery. The physician as well as the surgeon will find in these commentaries much to instruct and guide him in the examination of the important cavities of the human body. While we believe that nothing but an extensive circulation can compensate the publishers for the out-

lay in the production of this edition of the work—furnished as it is at a very moderate price, within the reach of *all*—we desire to see it have that circulation which the zeal and peculiar skill of the author, (he being his own draughtsman)—the utility of the work, and the neat style with which it is executed, should demand for it in a liberal profession. The peculiar character of this work of Mr. Maclise renders it next to impossible for us to give our readers a selection from any portion of the commentaries to illustrate the manner of their execution.

ART. XII.—*The Practice of Surgery*: embracing Minor Surgery, and the Application of Dressings, etc., etc. By JOHN HASTINGS, M. D., U. S. N., Fellow of the College of Physicians of Philadelphia, Lecturer on Surgical Anatomy and Operative Surgery, etc., etc., etc. With numerous illustrations. Philadelphia: Lindsay & Blakiston. 1850. 12mo. pp. 479.

THIS volume is one of the series of the "Medical Practitioners' and Student's Library," now in the course of publication by Messrs. Lindsay & Blakiston. It "does not aspire to supplant any of the numerous and able productions which treat fully and minutely of surgical science." It would appear that it is more particularly intended for an introductory survey of the most prominent and distinctive features of the varied field of surgical knowledge. As a *guide* book to the student and young practitioner in this department of medical science, it does not savor of prolixity, and yet it is sufficiently minute to present a practical and general view of the subjects embraced within its scope. That there are works which contain nearly, if not quite all that is presented in the one before us, we have no doubt—but that it is thoroughly adapted to the end for which it was designed, we feel confident all will admit who give it a careful perusal. It presents a careful and sufficiently digested selection, and a clear and exact account of the most important facts and principles already furnished by the ablest observers both at home and abroad. By reference to the volume, we find that the following authors have been fully consulted and used: Sir Astley Cooper, Sir B. Brodie, Messrs. Miller, Druitt, Ferguson, Lawrence; Drs. Gibson, Pancost, Carpenter, Dunglison, Prout, M. M. Velpeau, Malgaigne, Ricord, Sichel, Weller, Rayer, Guthrie, Hennen and others—authorities sufficient, with the careful and attractive manner in which it is executed, to insure for it that success which its intrinsic merit demands.

ART. XIII.—*On the Diseases of Infants and Children.* By FLEETWOOD CHURCHILL, M. D., M. R. I. A., Hon. Fellow of the College of Physicians, Ireland, etc. etc.; author of "The Theory and Practice of Midwifery," "On the Diseases of Females," etc. etc. Philadelphia: Lea & Blanchard. 1850. 8vo. pp. 686.

A Practical Treatise on the Diseases of Children. By D. FRANCIS CONDIE, M. D., etc. etc. Third Edition, Revised and Augmented. Philadelphia: Lea & Blanchard. 1850. 8vo. pp. 703.

If any evidence were wanted of the fact, that American physicians read, farther than that three valuable, and we had almost said, complete systematic works on the diseases of children, have already issued from the press of Messrs. Lea & Blanchard, bearing the date of 1850, it might be found in the preface of the work whose title stands first in this article. It is notorious that American physicians read English works more than Englishmen read them themselves; and yet, we hear constantly of the retrograde march of medical intelligence and the low state of medical science in this country. The fact is, (at least so it appears to us,) that while we, as a profession, for a number of years past, have used, and are still using, all the means that we are masters of for the purpose of increasing the standard of medical education; we have almost lost sight of the pleasing, consoling and honorable fact, that a greater amount of intellectual and literary taste (medical) exists in this country than is found in any other. Whilst the writings of foreign authors are comparatively but little read, even by their own countrymen, and those of American almost never, our own physicians possess, in reference to this matter, to say the least, almost an omnivorous habit.

By reference to the preface of Dr. Churchill's book, we learn that it "owes its existence to my excellent American publishers," and that after making a considerable collection of works on Diseases of Children, he had laid them aside, hopeless of accomplishing the task he had contemplated; but the flattering invitation from the country that had shown to his former works so much indulgence, rendered it impossible for him to decline. This work, it appears, is the result of the author's leisure which he has been able to command during the last three years, and lays claims to be, not only the exponent of its author's own experience, but also embraces the information recorded by all the authors within his reach. It bears upon the face of its pages much more candor than

is usually seen in foreign or even American works. As will be seen by reference to the extensive bibliographical index appended to the volume, it draws largely upon our own countrymen's productions. More so in fact, than we remember ever to have seen in any, much less a similar production. "I have (says he) sought information wherever I had reason to believe it was to be found; I have consulted all the authorities within my reach, and have carefully referred to those from whom I have quoted." Thus it will be seen, that while there is no claim set forth to exclusive originality, yet we have presented a work which, so far as it relates to the opinions of past or present writers on the diseases of infants and children, is certainly worthy of a place on the table of every practical physician. We need hardly say, that this production of Dr. Churchill, must, in our opinion, meet with a very favorable reception from the hands of the physicians of this country. We know of no work in this department of practical medicine, which presents so candid and unprejudiced a statement or posting up of our actual knowledge as this. Most cordially do we welcome it as a valuable contribution to infantile medicine, feeling assured that in a short time, the profession at large will place upon it the stamp of their approbation. We would most gladly reproduce here some of the valuable observations contained in this volume, but our limits at present forbid, however pleasing might be the task to ourselves or desirable the result to our readers.

The present edition of the work of Dr. Condie, is a decided improvement upon the last. Besides the fact that every portion of it has been subjected to a careful revision, it contains a new chapter on Epidemic Meningitis, "a disease which, although not confined to children, occurs far more frequently in them, than in adults." To this edition also there is appended a list of the several works and essays quoted or referred to in the body of the work, or which have been consulted in its preparation and revision. The fact, that within a few years, three editions of the work have been called for, speaks in the best manner possible for its practical character. That which its name imports it to be, viz.: a Practical Treatise on the Diseases of Children, it truly is. To those who do not possess a copy of it, we can cordially recommend it to their careful consideration. We feel assured from actual experience that no physician's library can be complete without a copy of this work.

ART. XIV. *A Treatise on Diseases of the Bones.* By EDWARD STANLEY, F. R. S., President of the Royal College of Surgeons of England, and Surgeon to St. Bartholomew's Hospital, Philadelphia. Lea & Blanchard, 1849, 8vo., pp. 286.

THIS volume, we are informed by its author, is the result of materials and observations, collected and continued with some diligence through many years, and in a large field of experience. "The size of the volume bears no proportion to the number of facts out of which it is constructed. For in this, as in other scientific investigations, the first object has been to obtain the facts, and the second to interpret them rightly for the conclusions they warrant. This I have endeavored to do, but with the result, I am aware of leaving some of the morbid phenomena of bone uninterpreted, even unnoticed, for the reason that they were to me unintelligible; and I am induced to submit the book in its incomplete state, rather than detail in it characters of diseases from which, in consequence of not understanding them, I should not be able to deduce either pathological conclusions or indications of treatment." Thus our readers will perceive for themselves that the work only claims to be a treatise on some of the diseases of bone. The arrangement of subjects is in four parts. Part first contains seven chapters, and embraces the following diseases, viz.:—Hypertrophy of bone, Atrophy of bone, Neuralgia of bone, Inflammation of bone, Enlargement of bone—by expansion of its tissue—with induration of its tissue—by osseous deposits on its surface, Suppuration in bone, Caries, Ulceration of bone, Death of bone, Necrosis. Part Second: Tumors of bone, Tumors of bone that pulsate, Osseous growths, arising in considerable numbers from the skeleton and in the soft tissue. Part Third—four chapters, viz.: Rickets, Condition of bone designated, Mollities and Fragilitas, Ossium, Scrofula in bone, Hard carcinoma, Melanosis in bone; and Part Fourth: three chapters, viz.: Morbid growths from the jaws, Diseases of the bones of the spine, Diseases of Periosteum. As before stated, this volume is made up principally of facts gathered from the records, cases and specimens in St. Bartholomew's Hospital, and private museums, together with a careful digest of English periodical literature. It is a good contribution to the literature of the subject; but we fear, from the perusal which we have been able to give it, that it will be found somewhat wanting in the development of general principles to guide the younger practitioner in surgery to successful and satisfactory results.

ART. XV.—*Physician and Patient ; or a Practical View of the Mutual Duties, Relations and Interests of the Medical Profession and the Community.* By WORTHINGTON HOOKER, M. D. New-York: Baker & Scribner, 1849, 12mo. pp. 453.

A Philosophical Essay on Credulity and Superstition, and also on Animal Fascination, or Charming. By RUFUS BLAKEMAN, M. D., New-York: D. Appleton & Co., 1849. 12mo. pp. 206.

THE two works, whose titles are given above, possess many points of interest in common. They are designed, in part, to correct many, and some of them, long-standing errors in the professional as well as the public mind. Chapters first, fourth, fifth, sixth, eleventh, etc. of the first, and Sections sixth, seventh, and eighth, of the last-named work, may be cited as illustrations of this remark. If we greatly mistake not, the present is a propitious time for the presentation of a calm, practical, and philosophical view and discussion of the errors which hover about and exist in our time-honored profession. In and out of the profession, there are numerous errors which constantly interfere with the usefulness of the physician, among the educated and uneducated, the rich and the poor. The proper discussion of the origin, progress, influence, results, and remedies of these, are matters alike of vast practical importance to the physician as well as the people—but to the people more especially, “for they are the sufferers from the multiform and often fatal injuries, which their errors engender.”

The work of Dr. Hooker is divided into nineteen chapters—the heads of which we have room only to give, viz.: Uncertainty of Medicine, Skill in Medicine, Popular Errors, Quackery, Thompsonism, Homœopathy, Natural Bone-Setters, Good and Bad Practice, Theory and Observation, Popular Estimates of Physicians, Means of Removing Quackery, Intercourse of Physicians, Interference of Physicians, Mutual Influence of Mind and Body in Disease, Insanity, Influence of Hope in the Treatment of Disease, Truth in our Intercourse with the Sick, Moral Influence of Physicians, Trials and Pleasures of a Medical Life, and an Appendix containing “Letters from a Senior to a Junior Physician,” and the “Code of Ethics adopted by the National Medical Convention, in Philadelphia, June, 1847.”

The object of this work would appear to be to expose to the public the fallacy of those sources of evidence upon which they rely in estimating the comparative merits of physicians, and to point out those

tests that are best adapted to obtain the information most desired—to present the claims of the profession to the respect and confidence of the community—to exhibit in a proper light, the abuses which exist in the profession, and which so frequently mislead the public into error ; and to point out those means which are best adapted to perpetuate to all time that confidence and respect for legitimate medicine which the people have ever entertained for it. In the proper execution of this task, we are confident Dr. H. has succeeded in a good degree, and we desire for this volume the attention of the profession, as well as the community at large, feeling assured that it will present their “ *mutual duties, relations and interests* in a clear and forcible light.

The work of Dr. Blakeman is divided into eight sections, viz. :—Mental Origin of Credulity and Superstition and its Influence on Society, Witchcraft, Dreams, Ghosts, Ecstasy, Trance, etc., Empiricism, and Quackery, Credulity in Medicine, Homœopathy, Mesmerism, and an Essay on Animal Fascination or Charming.

It was not undertaken by the author for the public originally, but to note his own opinions, and such facts derived from reading and reflection, as were deemed demonstrative of a general tendency to a more ready belief in the incomprehensible and the marvellous, rather than in phenomena susceptible of explanation by reason, aided by a disciplined exercise of the subordinate senses ; subsequently it appears to have very properly occurred to him, “ that their dissemination might possibly have some influence in leading to an analytical examination of various popular errors emanating from this source, which have proved most detrimental to human progress, and have essentially retarded mankind in their efforts to acquire the greatest happiness of which their natures are susceptible.” In this volume he treats of the “ mental origin of the various popular superstitions which have extensively prevailed among mankind at different periods, and briefly illustrates the physical, the physiological, and mental influences by which they have been fostered and strengthened.” It is more particularly intended for the non-professional reader, but we see in it much that will instruct, interest and amuse the physician also.

PART THIRD.

FOREIGN MEDICAL RETROSPECT.

Report on the Nature and Import of certain Microscopic Bodies found in the Intestinal Discharges of Cholera.—[It is with much pleasure that we present the readers of our Journal with the following interesting report, presented to the Cholera Committee of the Royal College of Physicians of London, by their Sub-Committee, Oct. 17th, 1849.—*Ed. N. Y. Jour. Med.*]

We propose, in this Report, to lay before the Committee the results of some experimental inquiries, on a subject which, within the last few weeks, has engaged much of the attention of the profession. We allude to the discovery, by Mr. Brittan and Mr. Swayne, of Bristol, of peculiar bodies in the "rice-water" dejections of cholera patients; and to the statement that similar bodies have been found by Mr. Brittan in the atmosphere, and subsequently, by Dr. W. Budd, in the drinking-water of infected localities.

These observations, on account of their important bearing, if true, on the pathology of cholera, seemed to us to demand a searching examination. We have, accordingly, given much time and attention to the subject. Having, in the first place, satisfied ourselves of the distinctive characters of the bodies found in the rice-water dejections, we next sought to verify the observations of Mr. Brittan and Dr. Budd with reference to their presence in the air and drinking-water of places infected with cholera. It was necessary that this part of the inquiry should not be delayed, for the epidemic had already reached its turning point, and it would, before long, have been difficult to obtain favorable opportunities for experiments of a satisfactory character.

Our inquiries were afterwards directed to the nature and properties of the newly discovered corpuscles, and to the question of their occurrence in other diseases. In this investigation, we soon perceived that objects totally different had been regarded as identical; but we had arrived at no positive conclusion respecting those which seemed most characteristic of the cholera evacuations, when we received two important communications on the subject from Mr. Marshall and Dr. Jenner. The letters of these gentlemen are appended to this report; but the results obtained by them are embodied in it.

Our observations on the air and drinking-water of infected localities, twenty-four in number, gave uniformly negative results. With regard to the value of our experiments, taken separately, it will, we think, appear that many are liable to no objection. Some of those which relate to the drinking-water of infected places are certainly wanting in the conditions which would make them convincing. But when it is considered that Dr. Budd believes that he has detected the objects sought for "in great numbers," in such large bodies of water as the Float, at Bristol, and the Surrey Canal, and that he represents them as being deposited in the sediment of the water, we shall not be thought unreasonable in having expected that they might be discovered in the cisterns of houses and public institutions in which cholera had prevailed severely, although it had ceased there for some days or weeks.

Nevertheless, a much larger amount of evidence would have been required to disprove the statements to which our observations refer, had those statements been unassailable from other points. But the facts to be detailed in the subsequent part of this report, will show that the bodies found in the rice-water dejections have no peculiar relation to cholera; and, that if they should occasionally be present in the atmosphere, or impure water, this will not happen exclusively, or even especially, in districts infected with the epidemic.

We shall now submit the particulars of all the observations to the Committee, describing first, those on the air.

Microscopic Observations on water condensed from the atmosphere of infected localities.

Two methods were employed for condensing the aqueous vapor. One was, to suspend in the air to be examined, a glass funnel, nearly filled with a freezing mixture, its lower opening having previously been closed by a cork and covered with sealing wax. The moisture condensed on the outside of the funnel, trickled into a small phial placed beneath. The second method was, to force air slowly, by means of bellows, through a bent glass tube, immersed in ice and salt; when the moisture was deposited on the interior of the tube, and collected in a bulb at its lower part. In either way, from half a drachm to a drachm of water was readily obtained.

Obs. 1.—In Millbank Prison, from the 6th June to the 16th September, there occurred eighty-four cases of cholera. The last patient began to suffer from diarrhoea on the 16th September, and died on the 25th. On the 19th, when he lay in a state of collapse, about a drachm of water was condensed from the air of a lobby which separated his small apartment from a water closet, in which his evacuations were emptied. The water thus obtained was submitted to microscopic examination the same evening.

Obs. 2 and 3.—On the same day, (the 19th September,) we accompanied Mr. Bayfield, one of the surgeons of the Union of St. Olave's, Southwark, to two localities in his district, in which cholera had been most prevalent, namely, English Ground, Bull Court, Tooley-street,

and Gimber's Rents, Snow's Fields. In a ground-floor room of a house in the former court, a woman and child had died of cholera within a few days; and the husband, at the time of our visit, was in bed, ill with the disease. Nearly a drachm of water was obtained from the noisome atmosphere of this room.

In Gimber's Rents, the drainage and the ventilation was as bad as possible. In several places, we saw the openings of drains covered with matting, to prevent the escape of effluvia. We collected about a drachm of water from a house where a woman lay ill of cholera; her husband having only recently died of the epidemic. The water procured in these two experiments, was examined the same evening, and the examination of it repeated on several subsequent days.

From Gimber's Rents we brought away a piece of bread, which had been long in the house and which had not been cut in a week; a piece of butter, the surface of which was covered with dust; and a jug, which we found filled with drinking water. The examination of this water will be referred to in our second series of experiments. On the bread and the butter, no bodies like those observed in the rice-water evacuations could be found.

Obs. 4 and 5.—On the 22d September, water was condensed from the atmosphere in two houses, situated in St. Erman's Hill, near the Broadway, Westminster. Mr. Painter, surgeon of St. Margaret's Parish, to whom we had explained our object, conducted us to this locality, as, at that time, the chief focus of the disease. In one house—No. 21—a child lay dead, having been attacked with cholera the preceding evening. Two other cases had recently occurred in the same house. At No. 12, a child was ill of cholera; and a second had been removed, in the morning of the same day, to the Cholera Hospital, where it died. Mr. Brittan and Mr. Newport took part in the microscopic examination of the water condensed from the air in these houses, about an hour after it was collected; but like ourselves, were unable to discover any "annular bodies." On the following day, the same water, as well as that procured in the second and third observations, was again examined by Mr. Brittan, and with the same result.

Obs. 6.—On the 6th October, cholera appeared amongst the patients in the insane ward of the Birmingham workhouse; many were attacked. On the 9th October, at our request, Dr. Fletcher, of Birmingham, kindly obtained for us some water condensed from the atmosphere of this ward, and likewise from that of one above it, when diarrhoea was prevalent. These specimens of water reached us, and were examined by us on the 11th October.

Obs. 7.—From the beginning of the month of October, cases of cholera had been numerous and fatal in the workhouse of the Walsall Union; partly imported, but partly occurring in inmates of the workhouse. When the epidemic was at its height, we obtained, through the kindness of Dr. F. Burton, of Walsall, about a drachm of water from the air of the room in which the greater number of the cases occurred. This specimen of water was condensed from the air on the 7th, and was examined by us on the 8th October.

The water condensed from the air in the several localities, and under

the circumstances we have described, was, in each case, examined by us more than once. But the search for "annular" bodies, such as those found in the cholera dejections, failed, as we have already intimated. Neither cells, nor rings, nor anything bearing any resemblance to them could, in most cases, be discovered. We saw merely portions of gelatiniform matter containing bright points—sometimes finely granular, brownish masses, perhaps derived from smoke—and occasionally colorless, transparent particles, of a crystalline appearance, which may have been portions of siliceous dust. After the water had been kept some time, chains of delicate oval vesicles, like those of the torula of yeast, but much smaller, appeared in it. These were absent at first, and could not be mistaken for the cholera discs. Equally unlike those discs were the three or four separate oval cells, which, in two instances, were seen in the water when first examined. They had a clear, single outline, and were not flattened.

Microscopic Observations on the Drinking-Water of Infected Places.

Obs. 8.—On the 26th September, Dr. Snow kindly furnished us with a specimen of water from Albion terrace, Wandsworth, a locality in which cholera had been very fatal between the 28th July and the 13th August. This water, which was very foul, had been taken from a tank at Albion terrace on the 16th or 17th of August, but, as it had been kept so long before it was submitted to microscopic examination, it may be objected that, had "cholera fungi" originally been present, they might have become decomposed or otherwise destroyed.

Obs. 9.—A second specimen of water, sent to us at the same time by Dr. Snow, was obtained from a house in Gresse-street, Rathbone-place, in which five persons had recently died of cholera. The last case of the disease here, occurred two days before the water was obtained from the cistern, and twenty-four days before it was examined by us with the microscope.

Obs. 10.—From the 31st August to the 7th September, four fatal cases of cholera occurred amongst the female prisoners in two wards of the Millbank Prison. The part of the building where these wards were situated was forthwith vacated. On the 19th September, a portion of water with sediment was taken from the cistern which supplied those wards, the contents of this cistern having remained undisturbed since the removal of the prisoners to another part of the building. At the same time, specimens of water were taken from the cistern of the female infirmary, where two fatal cases of cholera had occurred simultaneously with those above referred to, and also from the tank which supplies the whole prison.—These three specimens of water were submitted to the microscope the next day.

Obs. 11.—The drinking-water taken on the 19th September from the house in Gimber's Rents, Borough, (see *Obs. 3.*) deposited a sediment, which was carefully examined. The description of the locality has been already given.

Obs. 12.—On the 27th September we visited Crosby-court, Ber-

mondsey, an open space containing seven houses. Four cases of cholera (two fatal), had recently occurred in one of these houses, the others having escaped. The house in which cholera had been fatal was closed. But we found that the water used by the inhabitants of the court came from two pumps; one supplied from the Thames water, the other raising well-water, which was hard and ferruginous. On a strict inquiry, it appeared that the Thames water was used for drinking in every house except the one in which cholera had appeared; in that house, only the well-water was used. We brought away water from both pumps, and examined the deposits, which were abundant, on the following day.

Obs. 13.—We next went to Jacob's Island, Bermondsey, a most crowded and wretched part of the district, in which cholera had been very severe. It is a portion of low ground bordering the river, and surrounded by a shallow tidal ditch, which receives the contents of the privies on either bank. The water for drinking and other purposes, is taken for the most part from this ditch. We procured some water from the ditch itself, and also from two pumps supplied from it, situated in Gutteridge's court, where deaths had occurred.

Obs. 14.—On the same day we also went to Hanover-street, Rotherhithe, a low and crowded cul de-sac. A woman lay dead of cholera in one of the houses; and other deaths had occurred. The water used, of which we procured a specimen, was derived from the Thames, through a pump which became dry at every ebb. Behind the houses, on the east side, was an open ditch, receiving the refuse from them and conveying it into the Thames, at a point close to the opening of the pipe which supplied the pump in the street.

Obs. 15.—In a house in Swan-lane, Rotherhithe, close to the Millpond, a man lay dead of cholera. The disease had been fatal in two adjacent houses. The woman, whose husband had just died, told us that she and most of the inhabitants took their water for drinking from the Millpond, which is a tidal ditch, serving as a sewer to the houses on its banks. We filled a bottle with water from this source.

Obs. 16.—Dr. Burton, of Walsall, forwarded to us, on the 7th October, three specimens of water from the workhouse, cholera prevailing at the time amongst the inmates. (See *Obs. 7.*) The first was from an open cistern fed by land drains, the second from a moat, the third from cisterns in the workhouse. The last water, which is that chiefly drunk by the paupers in the workhouse, is derived from the moat, but is filtered through charcoal and gravel. The deposits of all were carefully and repeatedly examined.

Obs. 17.—To Dr. Fletcher, of Birmingham, we are indebted for five specimens of the water which supplies the workhouse, forwarded to us at the time cholera prevailed in the insane ward of the establishment. (See *Obs. 6.*) The specimens included: 1. Clear water from the reservoir which is supplied from the river. 2. Sediment from the reservoir. 3. Clear water from the cistern of the workhouse. 4. Sediment from the bottom of the cistern. 5. Sediment from the side of the cistern. These specimens were examined on the 11th inst., and the examination of them has been most carefully repeated.

Obs. 18, 19, 20, 21, and 22, were all made on water obtained for us by Mr. Hunt, one of the assistant surgeons at the Westminster Cholera Hospital, from several parts of the district called Palmer's Village, which we have ourselves inspected. The names of the places are Goodman's Green, where the water used for all purposes is contained in a filthy open trough; Perrin's place; a house (No. 3) in Perrin's-court, in which five cases of cholera (two fatal) had occurred; a house (No. 2) in Providence-row, where also there had been five cases (three fatal); and the Dispensary, Palmer's Village, at which two surgeons successively had been attacked with cholera, one fatally. Cholera had prevailed in all these localities, but not within a fortnight of the time when the water was taken for examination.

Obs. 23.—In a small house (No. 9) in Dorset-place, Vauxhall-road, three cases of cholera had occurred in succession; the first on the 5th instant, the second (fatal) on the 8th, and the third (also fatal) on the 12th. These cases were attended by Mr. Clark, of St. James's-terrace. On the 8th instant, just after the second case occurred, two specimens of water were, at our request, taken from the butt supplying the house—one from the surface of the water, the other from the tap after the sediment had been stirred up; and both have been several times examined with the aid of the microscope.

Obs. 24.—On the 5th of October, a man laboring under cholera was admitted into University College Hospital. He had resided for some months at No. 4 Howland-street. A week previous to his attack, he had changed his room to another in the same house, where a woman had died of cholera seven weeks before. Water was taken from the kettle, and from a stone water-jug in his room, as well as from a cistern which supplied the house. As he had dined in another house on the day previous to his attack, water was procured thence also. The deposits of these several specimens were likewise submitted to careful microscopic examination.

The uniform result of these experiments, as of the former series, was negative. No bodies were found which could be regarded as identical with the more characteristic of those discovered by Messrs. Brittain and Swayne, in the rice-water dejections of cholera. The objects met with were far more numerous than those seen in the moisture condensed from atmosphere. The sediment, when viewed with the one-eighth-inch object-glass of Ross, or one-sixteenth-inch object-glass of Powell and Lealand, presented, besides amorphous matter, an almost endless variety of organic forms, both animal and vegetable. Amongst these were many round and oval cells, of various dimensions, and some separate rings of minute size, colorless, and pellucid. The cells had generally very delicate walls and a clear cavity, were never flattened, and often contained a multitude of distinct granules, which, in some instances, presented the molecular motion. Like the rings, these cells were obviously different in their nature from the thick-edged discs, which the descriptions and drawings of Messrs. Brittan and Swayne and Dr. Budd had led us to regard as the characteristic corpuscles of the cholera evacuations.

The negative results of our search in the atmosphere of infected

places, for objects identical with those just referred to, are confirmed by some observations communicated to us by Mr. Marshall. While cholera was prevalent in St. Giles's, he examined the dirt washed from the broken glass of windows, and from cobwebs taken from houses in that district, in which deaths had occurred from four to ten days previously. With one-twelfth-inch or one-eighth-inch object-glass, he found a vast number of objects, such as particles of silex and soot, hairs, wings, and legs of insects, round and oblong cells of a brownish color, very dark spherical granular masses, probably of a confervoid nature, and fragments of vegetable tissue, amongst which were pieces of spiral tubes, and entire rings, apparently of woody tissue, of an oval, polygonal, or circular form. But he detected no discs with double outline. A microscopic examination of the objects collected on a moist surface from the atmosphere of sewers, gave Mr. Marshall a similar negative result with regard to those discord bodies; although he found, (besides fine particles of silex and other dust) brown, oval, and round cells, single and in couplets, minute colorless vesicles, either single, double, or in triplets, a single large oval cell, and numerous opaque, granular, confervoid bodies, of a brownish or blackish green color.

Microscopic Observations on the Bodies found in the Cholera Dejections.

We next proceed to show how various are the bodies which have been confounded together under the terms annular bodies (Mr. Brittan), cholera cells (Mr. Swayne), and cholera fungi (Dr. Budd).

On examining the drawings given by the three gentlemen who have called attention to the subject, four principal forms, which can hardly belong to the same objects, may readily be distinguished.

1. *Rings*, which enclose a free area, and which often are broken.. These are usually of minute size, according to Mr. Brittan and Mr Swayne, but occasionally large, according to Dr. Budd.

2. *Globular, or oval cells*, chiefly of the middle size, which have a thick wall, with numerous small eminences on its surface, and contain a granular mass, in some instances, separated by a clear space from the wall of the cells. These are distinctly figured only by Mr. Swayne, but are regarded by him as perfectly developed cholera cells.

3. Bodies having apparently the form of *discs, with thick rounded edges*, and centres of indistinct structure. These vary extremely in size, including some of nearly the smallest, as well as many of the largest, of the objects represented by the three observers. They predominate in all the representations given of the corpuscles of the rice-water dejections, and must be taken as the type of the bodies discovered by Messrs. Brittan and Swayne.

4. *Large broken cells*, having apparently homogeneous membranous walls, and containing small, well-defined, oval bodies; figured by Dr. Budd as cholera fungi undergoing decay, but differing in character from all the other objects represented.

A mere inspection of these different figures would suggest strong doubts as to their representing different appearances of really identical bodies in different states or stages of development or decay. The more particular description we have now to give of each kind of body, will demonstrate that they are of various and distinct nature.

1. The rings, when closely examined, are seen to be of different kinds ; some perfectly continuous in their entire circle ; others formed by a curled fibre ; some round, some oval, others lozenge-shaped.

Some of these have been traced to their source by Mr. Marshall, who has found that exactly similar objects may be prepared by the artificial digestion of the vegetables used as food—such as cabbages, potatoes, and onions, the withered style of wheat grain, and portions of cane in sugar ; the spiral and annular tissues of which break down into rings of different sizes, or coils resembling rings.

Intermediate between these and the third class of bodies are minute, oval or round, colorless corpuscles, which have an annular appearance ; but, on close inspection, are seen to have their area filled up with a transparent substance, presenting sometimes perforations. In some specimens of the rice-water fluid, oval bodies, in part having their middle filled up as here described, and, in part, mere rings, exist in extraordinary abundance. The rings of these bodies have been observed, by Mr. Busk and Dr. Griffith, to be divided, by cross lines, into segments, which Mr. Busk thinks are bead-shaped—an appearance which had occasionally been noticed by ourselves as well as by Mr. Marshall. They are calcareous structures, originally derived from chalk, in which they abound ; and they have been introduced into the contents of the intestines with the medicines (chalk-mixture, aromatic confection, &c.) which the patients have taken.* These minute bodies from the chalk, are, of course, not found in all cases : and we think it not unlikely that, in their absence, the separated nuclei of animal and vegetable structures, as well as the vegetable rings above described, may sometimes have been mistaken for fungi.

2. The globular bodies have been clearly identified by Mr. Marshall with the spores of the different kinds of uredo, the rust, smut, and bunt of grain ; some species of which may be found, not only about the withered style on grains of wheat, but also in almost every specimen of corn and bread.

Mr. Busk has made the same observation, and identifies them with the uredo segetum or bunt.

3. Discs, with thick, elevated, and somewhat irregularly curved margins ; the central area flattened, and obscurely granular. They have generally a yellowish, or pale brown tint, which varies in depth

* It is right to state how we arrived at the knowledge of these facts. Dr. Griffith had pointed out to us that the bodies in question are heavy, polarize light, and are soluble in dilute nitric acid. He suspected that they were oxalate or phosphate of lime. Mr. Marshall subsequently showed us that acetic acid also dissolves them readily, and that sulphuric acid acts on them, producing needles of sulphate of lime. Having ourselves found the same bodies in the evacuations of two patients suffering from typhoid fever, we were examining them in company with Dr. Griffith and Mr. Marshall, when the demonstration of their calcareous nature reminded us of the fact, that these patients had been taking medicine containing chalk, and, at the same time, brought to our recollection the remark made to one of us by Mr. Topping, that Mr. Brittan's "annular bodies" were to be found in chalk-mixture. Accordingly, we examined a portion of medicine containing aromatic confection, and, afterwards, a piece of common chalk, and, in both, found the bodies described above, though not the larger discs which are also found in the rice-water fluid. Ehrenberg figures these calcareous bodies, and describes them as being "crystalloids." *Abh. d. Akad. d. Wiss. z. Berl.* 1838, p. 68.

with the color of the fluid containing them. These are the most peculiar of the bodies found in cholera, and differ from the rest in being more or less soluble in ether. Mr. Marshall, who first informed us of this fact, found that the smaller discs undergo nearly complete solution, leaving a cavity in the dried mucus, whilst the larger ones leave a fine granular film. They are apt to break across, and the thick margin to curl inwards. They are evidently not cells, nor have they any organized structure which could give them any claim to be regarded as living organisms. On the other hand, their solubility in ether shows that they consist, in great part, of some substance of the class to which the fats, resins, and saponaceous matters belong. This observation led Mr. Marshall to examine different fatty substances, and at length to find that curled concretions, not unlike the discs found in cholera, could be obtained by compressing a piece of rich cheese (with or without the addition of ether) between two plates of glass. We are not yet able to account for the origin of these peculiar discs. Mr. Busk regards the smaller ones as altered starch grains. It is, at all events, certain that they are not fungi; and, as we shall afterwards see, that they are not peculiar to cholera.

Mr. Busk thinks that the larger discs are the altered contents of the bran-cells. Mr. Marshall, too, has, independently, made the observation, that certain yellowish bodies, sometimes seen, which have a thinner and narrower border than the fatty discs, and are merely rendered pellucid by ether, may, perhaps, be derived from bran. The granular masses contained in bran-cells have, however, when undigested, no distinct border.

4. Under the fourth class of bodies, we refer to those represented by Dr. Budd as the cholera fungi, undergoing decay and disintegration. They are evidently of a different nature from those figured by him as characteristic of the fresh cholera dejections. The mode of disintegration of the two classes of bodies is quite distinct: the so-called cholera bodies, after resisting the action of water for some time, break up into irregular granular masses; whilst the decomposing bodies depicted by Dr. Budd, seem to be, in part, homogeneous membranous cells dehiscing; and are, perhaps, starch cells. The rings are, most probably, parts of disintegrated vegetable tissue.

It is shown by Mr. Marshall, and had before been noticed by Boehm, and others, that cells like fungi, or their spores, are occasionally found in the excretions in cholera. These, however, have a more delicate structure than any of the bodies described as characteristic of cholera, and are totally different from them. It is well known that various vegetable forms are apt to become developed in organic fluids generally.

From a review of the foregoing facts, it is obvious that various bodies found in cholera dejections have been confounded, and described as identical. It is also shown, that many are traceable to an extraneous source, and that even the discs placed in our third division, are not fungi. The statement, that the bodies found in the cholera dejections present an endogenous multiplication, has, in all probability, arisen from confounding them with the uredo, or from mistaking the appearances produced by the small bodies seen through, or upon the larger ones, or entangled in their substance.

We are unable to identify the rings obtained from the air, and figured by Mr. Brittan, with any of the bodies included by him under the term "annular bodies." Our own experiments have satisfied us that these bodies do not commonly exist in the atmosphere of infected places, but the observations of Mr. Marshall, on the dirt collected from windows and cobwebs, show the great variety of matters which must be wafted about in the air, in the form of dust, and which might, in different instances, be caught with the condensed moisture.

The bodies represented by Dr. Budd, as being found in impure drinking water, have the form of discs with thick edges. We have ourselves never seen such bodies in water. But, if it should be established that the contents of bran-cells sometimes assume that form, the occasional presence, in water, of bodies capable of being confounded with the discs derived from the discharges of cholera, will not appear remarkable.

Had the bodies described by Messrs. Brittan and Swayne been proved by the foregoing investigations to be of fungoid nature, yet the facts we have now to add would have shown that they have no necessary connection with cholera. In the first place, they seem not to be constantly present in the discharges. It is, indeed, remarkable that, in those dejections which, from the absence of color, have usually been regarded as the most characteristic of the disease, they are frequently absent. We have failed to find them in several instances. In one, a portion of every evacuation was set apart, and examined several times by each of us, and yet in no portion would we detect them.

A still more important fact, which, from the explanations already given, might be anticipated, is, that all the more remarkable of the bodies which have been thought peculiar to cholera, exist in the intestinal evacuations of persons affected with other diseases. Dr. Jenner first demonstrated to us their presence, in great abundance, in the dejections of a patient affected with typhoid fever. We have since verified his observation in five other cases of this disease. We have also satisfied ourselves of the existence of some of the forms in dejections apparently healthy, from two patients in Guy's Hospital, one suffering from bronchitis, the other from early cirrhosis of the liver; and Mr. Marshall has detected small annular bodies "in the mucus covering the healthy excrement" of several herbiferous animals. It is obvious that bodies derived from such various sources will not commonly be found all present together. This, indeed, is not the case in cholera. The minute bodies, especially, which belong to chalk, will, of course, very rarely be met with, except that substance has been taken as medicine.

We shall now briefly re-state the principal results we have arrived at, and submit the conclusion which seems to us justified by them.

1. Bodies presenting the characteristic forms of the so-called cholera fungi are not to be detected in the air, and, as far as our experiments have gone, not in the drinking water of infected places.

2. It is established that, under the terms "annular bodies," "cholera cells," or "cholera fungi," there have been confounded many objects of various and totally distinct natures.

3. A large number of these have been traced to substances taken as food or medicine.

4. The origin of others is still doubtful, but these are clearly not fungi.

5. All the more remarkable forms are to be detected in the intestinal evacuations of persons laboring under diseases totally different in their nature from cholera.

Lastly, we draw from these premises the general conclusion, that the bodies found and described by Messrs. Brittan and Swayne are not the cause of cholera, and have no exclusive connection with that disease—in other words, that the whole theory of the disease which has recently been propounded, is erroneous, as far as it is based on the existence of the bodies in question. (Signed)

WILLIAM BALY, M. D.,

WILLIAM W. GULL, M. D., } *Cholera Sub-Committee.*

Treatment of Remittent Fever in Children. By F. CHURCHILL, M. D.

I generally give some form of stimulant during the second and third weeks of the affection. The prescription which I usually follow is one much praised under such circumstances by Dr. Steiglitz, of St. Petersburg. For a child of five years old, it consists of four minims of dilute hydrochloric acid, eight of the compound spirit of sulphuric ether, and three drachms of camphor mixture, every six hours. It seldom disorders the bowels, if they be not much disturbed at the time of commencing its administration; while, if this be the case, a small dose of Dover's powder, as a grain or a grain and a half at bed-time, will be doubly useful, both in checking the tendency to diarrhoea, and in procuring sleep for the child, who, without it, would probably be watchful and delirious all night long. Whilst any severe abdominal symptoms are present, I abstain from the use of the acid mixture, but give the mercury with chalk, and Dover's powder, every four or six hours, to which I occasionally add an opiate enema at bed-time; and support the strength by food and wine as may be necessary.

On Eclampsia Nutans, or "Salaam" Convulsions of Infancy. By WM. NEWNHAM, Esq.—The disease which the author describes in the following pages is but little known, few, if any, cases being recorded besides the four which are appended to this essay. It appears to be one of fearful importance also, two of the four cases having ended in idiocy. The pathognomic symptom is "a peculiar bowing forward of the head," which is repeated with greater or less rapidity, sometimes as many as a hundred times. Our space will not allow of the detail of all the cases brought forward by the author; but the characteristics of the affection are sufficiently seen in the following:—

A child, æt. 16 months, was observed on January 1st, 1839, to have a peculiar heavy look about the eyes, which was supposed to depend on the stomach, and was treated by alteratives. The peculiar nodding of the head occurred thrice on this day; but rapidly increased in number and severity. The forcible bowing of the body on one occasion took place as many as one hundred and forty times in the minute, and

were apparently accompanied by considerable suffering. They were followed by exhaustion and disposition to sleep.

About the middle of March the right arm and leg were observed to lose power, and ultimately became paralytic. By the middle of April she had ceased to be able to crawl, and her countenance indicated cerebral distress. This increased till the end of May, at which time she often awoke with violent screaming and spasm of the whole body, the head being first thrown back, and then bowed violently to the feet, which were also drawn upwards. The child then fell into uneasy slumbers. There was much sluggishness of the bowels. On the 27th of May she fell into a comatose sleep, which lasted some hours. This was repeated on the 29th. From this date improvement commenced, and the attacks were suspended till the 21st of June. After this there were slight bowings, and on the 9th July they increased in severity for three weeks, when they ceased. During this whole time she made no intellectual progress, and when three years old was as backward as a child of two. At a more advanced age the same was observed. She appeared a retiring girl, of a capacity below her age. The treatment was at first tonic. Zinc was given, under the impression the disease was allied to chorea. Subsequently the bichloride of mercury was given in 1-16 grain doses, and aperients. Latterly the mercury was omitted, and at the time of her ultimate improvement, no medicine was given to which it could be attributed.

In his commentary on the above and three other cases, Mr. Newnham remarks that the disease appears to be spinal in its origin, though cerebral symptoms are superadded subsequently. The effect on the mind is marked and invariable, though not to the same extent in all cases. Of the four cases recorded one only recovered, and that not perfectly. In addition to the induction of mental imbecility, paralysis has been a consequence, either in the form of paraplegia or hemiplegia. It is to be remarked, that in each case the severe attacks of "bowing" have been preceded by sleep, and the severity seemed in proportion to the depth and duration of the sleep.

The author notices an evident alliance of this disease with epilepsy; tetanoid symptoms also occur during its progress. Speaking of the causes, he looks upon irritation of the pneumogastric nerve as a possible, but not the essential cause. In the same category of unproven causes he would place irritation of the spinal nerves by the presence of worms. The essential nature of the disease is considered by Mr. Newnham to be inflammatory action of a low or strumous character, commencing in the membranes of the medulla oblongata, and extending to the membranes covering the base of the brain. This inflammation he conceives to be followed by exudations of lymph and serum, the pressure of which produces paralysis. The nutrition of the brain is also interrupted.

The author's views of the treatment are based on this view of the pathology of the disease. He would avoid depletion, subduing high action, if necessary, by antimony. He would then give alterative doses of hydr. c. creta, and the iodide of potass with excess of potass or sarsaparilla; if the child were anæmic, he would add some form of iron. He approves of some form of counter-irritation, and prefers the seton.

Among auxiliary measures he refers to lancing the gums, the avoidance of all mental excitement, the warm bath, keeping the head free from covering, causing the child to sleep on a hard pillow, and taking care that the child be not rocked to sleep previously to being placed in bed. The diet should be light and digestible, but at the same time nutritious. The meals neither too close together, nor too far apart. Acidity of the stomach is to be avoided. Air and exercise are also mentioned as important adjuvants.—*British Record of Obstetric Medicine.*

On the Nutritive Properties of Fish Oil. By ROBERT DRUITT, F. R. C. S.—Of the virtues of cod liver oil there can be now no question;—and it seems capable of doing two things. In the first place it fattens and adds to the bulk of the body; and, in the second place, it gives nutrition a better turn, as it were; it makes the fluids and solids healthier as well as bulkier, and enable them to throw off a variety of cachectic derangements. These useful qualities have been partially accounted for on the supposition that they are due to a minute quantity of some biliary principal contained in the oil. This supposition seemed to me extremely improbable, especially on considering the numerous adulterations to which the oil was liable; and accordingly I determined on making a few experiments on the subject, the results of which I beg to forward to you.

For this purpose I applied to my oilman for some specimens of the purest and sweetest lamp oil, and procured several varieties of whale and seal oil, decidedly fishy and rank in flavor, but not rancid or oxidized or putrescent. In fact, the flavor of the oil commonly called "southern oil," the produce of the black whale, which I chiefly employed, is not disagreeable to any one who is free from fancies on the subject; and if mixed with three or four parts of almond oil, is not a whit more offensive to the taste than the common *oleum jecoris asselli*.

CASE I. and II.—Two brothers, S., aged 3 and 5, flabby, pasty children, each suffering from pustular eruption on the head and face. A wound made on the head of one of them a week since had degenerated into a flabby sore. No deficiency of food. Both took a teaspoonful of seal oil three times a day in lemonade. Their mother reports that they were excessively fond of their medicine; they took it for a fortnight, when the skin of each was quite healthy, and complexion clear.

III.—J. W., a pale, unhealthy child, aged 2½ years, subject to pustular eruptions on the face. Cured by the same dose of southern oil, thrice daily for a week. Cured far more readily than on former occasions by calomel. Likes the oil extremely.

IV.—J. L., a miserable child; glands in neck greatly enlarged; purulent discharge from ears; abdomen swelled and hard. This child got better under the use of seal oil, but did not take it regularly enough to make the case of any value.

V.—J. E., aged 2, subject to skin disease from birth; his mother has had syphilis; his complexion peculiarly pasty and sallow. Took southern oil in the above doses for a month. Greatly improved in flesh and complexion; but at the end of the course had an attack of eczema in the arms.

VI.—W. æt. 30; subject to sciatica. Took the southern oil; is certain that it has done him much good.

VII.—J. W., æt. 36. Was largely bled for acute rheumatism a twelvemonth since. Has never recovered flesh or strength, and is racked with pains in the back and shoulders. Took cod liver oil for a month with benefit last May; left it off during the summer; became thinner and weaker. Took southern oil in the dose of two drachms thrice daily for three weeks; likes it much; feels stronger, and looks as decidedly fatter and better in condition as he did from the cod liver oil.

Mrs. P., suffered from puerperal mania whilst suckling last autumn; has continued anæmic and despondent; has taken every form of mineral and vegetable tonic with temporary benefit. Took southern oil for three weeks, is unmistakably plumper, clearer in complexion, and in better spirits.

IX.—J. M., a sallow child, æt. 4, took the southern oil for a week, for impetiginous eruptions on the face and legs. The improvement in flesh and clearness of complexion was extraordinary, and the eruption nearly disappeared.

These few cases do not prove much: but, so far as they go, are satisfactory. No one who had seen the children above mentioned before and after their course of oil, could doubt that a most beneficial change had been wrought by something. The great delight which the little wretches took in their dose is another point worth noticing. I would therefore suggest, that it is well worth while to make a fair experiment on a large scale, to determine whether it is fish oil in general that does good, or only the oil of the cod's liver. If, as I believe, almost any kind of fish oil will answer the purpose, then many of the poor will be able to use the cheaper kinds, who could not afford the nicer but more costly cod-liver oil.—*Medical Gazette*.

On the Treatment of Strumous Corneitis, Hypopion and Syphilitic Iritis. By Mr. HANCOCK.—The author employs iodide of potassium extensively in strumous inflammation of the cornea, attended with opacity from interstitial deposit; in interstitial abscess of the cornea; in iritis, attended with effusion of matter into the anterior chamber; in rheumatic inflammation of the sclerotica and iris, assuming the chronic form; and, indeed, in all cases of deep seated inflammation of the eye, occurring in debilitated or irritable constitutions. He considers it superior to calomel, exerting its absorbent powers more quickly and with greater certainty, and without, in the majority of cases, producing the distressing pytalism. In syphilitic iritis, he seldom found it necessary to push mercury to any great extent, and usually gave two grains of it every night at bedtime, combined with opium; and at the same time the iodide of potassium mixture twice a day; using the latter medicine in the formula recommended by Lugol.—*Lon. Jour. Med.*

On the Depurative Action of the Bile. By Dr. FAUCONNEAU-DUPRENE.—Speaking of the function of the liver as auxiliary and vicarious to that of the lungs, the author observes:—In intra-uterine life, the

bile, in the absence of respiration, purifies the blood by the removal of carbon. The meconium of the fœtus is the carbon of the blood, extracted in a liquid form, which after birth will be eliminated in the gaseous form. If it is objected that the biliary secretion in the fœtus is not manifested until towards the fourth month, it may be answered that, until this period, the liver is of very considerable proportionate size, and that it retains, for the purpose of its augmentation, materials, which, later, will serve for the secretion of this fluid. This function of the bile is not so applicable in extra-uterine life. In the different vertebrata, the development of the liver is generally found to be inversely to that of the lungs. This remarkable antagonism exists especially in fish, which respire by the branchiæ. In certain species of serpents the bile is very abundant, as if to compensate for their imperfect respiration.

MM. Sandras and Bouchardat (*Annuaire de Thérapeut.* 1845.) have established that, whatever be the nature of the aliment taken by an animal in good health, the quantity of fatty matters found in the blood is nearly the same, which gives rise to the supposition that they are eliminated as fast as they are introduced into it. According to the same authors, the fatty bodies which the liver separates from the blood have a constant point of fusion, and consist principally of cholesterine, which the blood of carnivora always contains, and of the margaric and oleic acids, united with soda. The fatty bodies of the blood are subjected to a series of successive oxidations, by which the solubility of the sodaic compound which they form, is indefinitely increased. Cholesterine may result from the alteration of the fatty bodies; for it is a neutral fat, the point of fusion of which is very high, and which, not having been burned in the blood, must necessarily become eliminated from the economy.—*Brit. & For. Med. Rev.*

Treatment of Eruptive Diseases of the Scalp. By D. NELIGAN.—Dr. Neligan is in the habit of employing, as local remedies in Diseases of the Scalp, the carbonates of soda and potash, either in ointments or lotions. The carbonate of potash being most irritating, he prefers it in pityriasis, herpes, and the chronic forms of eczema; but for impetigo, and the acute and recent cases of the other eruptions, he recommends the soda. In the treatment of the inflammatory division of eruptive diseases of the scalp, the alterative medicine used by Dr. Neligan is the yellow iodide of mercury, in combination with hydrargyrum c. creta, and aromatic power. In all cases, the patient is kept strictly on milk diet, during the whole of the treatment.—*Lon. Jour. Med.*

Fibrous Tumor, compressing the Ureters, and causing Renal Disease. By Dr. MURPHY.—A woman applied to the author, having the pelvis occupied almost entirely by a firm tumor, so that the os uteri was beyond the reach of the finger, and micturition impossible, except by the aid of a catheter. After a few days he was called to her, and then passed a gum elastic catheter to its full length, but obtained no urine,

although she was suffering from symptoms of retention of urine ; she rapidly sank and died. On opening the abdomen, a large tumor was found, which had displaced the intestines, and reached upwards to the umbilicus, and laterally to the iliac fossæ. The mass of the tumor lay on the left side, and had nearly incorporated the uterus, which, however, with the right ovary, was found projecting from its right margin. The bladder was contracted and empty ; but the ureter, being compressed by the tumor, were enormously distended and tortuous. The kidneys were enlarged and in advanced state of Bright's disease. The tumor proved to be fibrous, engaging the whole posterior wall of the uterus, the cervix being stretched for some inches along the anterior surface, and expanded over it. The uterus had been drawn out of the pelvis by the growth of the tumor. A small portion in its centre was softer and more friable than the rest. The author drew attention to the unusual position of the tumor, occupying the pelvis so completely as to displace the uterus entirely ; to the advisability, if practicable, of pushing such a tumor out of the pelvis when small.—*Lon. Jour. Med.*

S U R G E R Y .

New Operation for Vesico-Vaginal Fistula. By M. JOBERT.—M. Jobert, Surgeon to the Hospital St. Louis, has introduced an operation for this hitherto intractable accident, and which he designates "Auto-plastie par glissement," and by which he has succeeded in effecting many perfect cures. The following part or stages constitute this new operative proceeding :—

1. The patient is placed on her back, the pelvis approached to the edge of the bed or table, and the thighs flexed as in the operation for lithotomy. The walls of the vagina are to be separated by means of a univalve speculum and curved levers contrived for the purpose. The cervix uteri is then to be laid hold of at the point of insertion of the vagina, by a pair of hooked forceps, furnished with a rack at their handles, and being drawn down to the vulvæ, is maintained in that position during the entire operation.

2. A semi-circular incision detaches the insertion of the vagina from the cervix uteri. The two lips of this incision instantly separate, leaving a bleeding surface about one inch in width. The vagina with a gliding movement slides spontaneously forward, whereby the lips of the vesico-vaginal fistula are approximated, and the loss of substance repaired.

3. The edges of the fistula are then to be pared with a bistoury or scissors. The *mucous membrane* only is to be removed, to the extent of about one centimetre = one-third of an inch. It is important to remove only the mucous membrane, in order that further loss of substance be not incurred ; and it is equally important to secure a sufficiently extensive bleeding surface for subsequent union.

4. The cut edges are next to be brought together by interrupted

sutures, each at the distance of about one third of an inch, leaving so much of the ligatures as shall facilitate their removal at the proper time.

5. If any gaping of the edges of the fistula should remain, it is also important to remove this by superficial incisions on either side of the fistula.

6. Hemorrhage is to be restrained by a plug of tampon introduced into the vagina, and which is to be removed in a day or two, perhaps on the following day.

7. An elastic catheter is to be introduced and retained in the bladder. The patient must maintain the recumbent posture, with the legs raised on cushions, until union has taken place.—*Bulletin de Thérapeutique*, Fevrier, 1849.

Conclusions respecting Laryngotomy in Croup.—By F. CHURCHILL, M. D.—1. That the larynx is not mechanically closed by false membrane; that in all cases, as Dr. Cheyne has remarked, there is sufficient space for the access of air; that if the larynx be closed, it must be by spasm in addition to the exudation; and that, therefore, to attempt relief by a mechanical operation would be superfluous, to say the least of it.

2. That it is extremely difficult to say that exudation has taken place, and still more to fix the limits of it, and pronounce in any case that it has not extended below the larynx; and yet upon this depends the utility of the operation; for—

3. If the false membranes have extended below our incision, the operation, being purely mechanical, can afford no relief, but may seriously add to the danger.

4. Bronchitis or pneumonia may exist at the time of the operation, or may very likely arise very soon after, and render it altogether useless.

5. The operation itself is not without danger, nor quite so easy as has been stated, especially with young infants. In addition to hemorrhage and escape of blood into the trachea, the patient may be attacked by prolonged syncope, asphyxia, or convulsions, as occurred in M. Trousseau's practice, and occasionally either of them may prove fatal.

6. That the risk of inflammation and other accidents after the operation is very considerable, and materially diminishes its value.

7. That the results of the operation hitherto, although successful to a considerable extent, are not sufficient to justify our having recourse to it under ordinary circumstances. "If," says Mr. Porter, "it were possible to place a host of those cases in which bronchotomy had not proved serviceable, in array against those wherein it had seemed to be useful, it would scarcely be necessary to advance any further argument in proof of its uncertainty."—*On Dis. of Inf. and Childhood*.

Treatment of Fissure of the Rectum. By M. MAISONNEUVE.—M. Maisonneuve has related several cases of fissure of the rectum, treated

with the best effect by forcible and sudden dilatation of the anal opening; his mode of proceeding is to introduce the index finger of each hand into the rectum, back to back, and then to separate them with considerable violence; as this is attended with great pain, he puts the patient under the influence of chloroform previously, and has the rectum washed out by one or two emollient clysters; on making the dilatation a little blood usually comes away, and the anus remains open for a few minutes, until the sphincter has regained its tone. M. Lepelletier has also practised this treatment very often, with an instantaneous cure in every instance.

Many objections to this proceeding will occur to every practical surgeon, and with them this consideration to boot, that Boyer's treatment by incision in simple fissure of the rectum is always successful, presents no difficulty in execution, and is attended with hardly any pain or inconvenience. The truth is, that a timorous patient who will not suffer a knife to be employed, may be cured by one or two applications of lunar caustic to the part.—*Jour. de Méd.*

Treatment of Fistula.—M. Ameuille lately mentioned, at a meeting of the Société Médico-Pratique of Paris, that he had succeeded in completely curing very refractory fistulæ of the groin and axilla, by injecting into them, for a few days, a mixture of ten parts of tincture of iodine to fifty of distilled water. The mixture should neither be decanted nor filtered, but well stirred before use. The pain resulting from the injection may be mitigated by a poultice, and the patient be allowed to rest for a while. In some cases slight compression must be used besides the injection.—*Dub. Med. Press.*

On the Treatment of Chronic Inflammation of the Bladder, by Injections of Nitrate of Silver. By R. L. MAC DONNELL, M. D.—The patient being placed either in the erect position or on a sofa, a gum-elastic catheter, about the size of No. 9 or 10 (Weiss), introduced, and water at the temperature of 98° Fahr., is injected through this into the bladder, by means of a caoutchouc bag, or what I prefer, a syringe, with a "three-way valve," by which the fluid can be drawn back from the cavity if necessary. After the bladder has been completely cleansed of any foetid urine and mucus which may be contained in it, the solution of the caustic, being heated to the same degree, is to be introduced in a similar manner, and allowed to remain there for about one minute, care being taken, by compressing the urethra, to prevent its being forcibly ejected by the violent straining that is certain to be induced. The quantity of water or solution should never exceed four ounces, for though the bladder in its healthy state is capable of containing nearly a pint and a half of urine, without being over distended, yet as the quantity it is capable of retaining in severe chronic inflammation seldom exceeds a few tablespoonfuls, the bladder accommodates itself to its diminished contents, and gradually becomes smaller, and consequently a large injection would act injuriously in two ways—by over-distending the organ, or by passing up into the ureters. In fact, we find it unnecessary to use a larger quantity of the solution than I have mentioned,

for it requires some address to introduce even that amount without resorting to force. The patient is then ordered a warm bath, and should the urine become bloody or mixed with shreddy concretions, he should use frequent fomentations and anodynes. But these symptoms seldom last for more than a few hours, and our patient should always be informed that such consequences are likely to be the immediate effects of the operation.

The strength of the injection has seldom to be increased beyond five grains to the ounce, although in one instance, that of an old gentleman, aged seventy-two, I had to increase the strength *gradually* to ten grains to the ounce before a satisfactory effect was produced. It is, however, always better to commence with a weak solution, which may be made stronger, according to the circumstances of each case, and the judgment of the practitioner. Some of my patients have hesitated about undergoing treatment by injections, in consequence of their advanced age, but though the disease is not in such cases so easily cured, as in the young subject, it is still in the great majority of instances remediable by the same means, as was proved by the great relief obtained by a patient aged *seventy-six*, who was under my care in the Montreal General Hospital, within the last month, into whose bladder I injected, on two occasions, a solution of nitrate of silver, two grains to the ounce. He left the Hospital of his own accord, May 23, quite free from his former complaint.

[The foregoing treatment is illustrated by a number of successful cases, and we have reason to believe is deserving of the particular attention of the practitioner, when called upon to treat this obstinate and distressing lesion.—Ed. *N. Y. Jour. Med.*]

MIDWIFERY.

Pathological Relations of Spasmodic Contractions of the Uterus. By W. TYLER SMITH, M. D.—The following philosophic resumé we extract from Dr. Smith's late work: The resemblance between rigidity of the os uteri and the most simple form of encysted placenta—namely, sphincteric closure of the os uteri with retention of the placenta—is at once obvious. The same contracted state of the os uteri is present in inversion, after the uterus has descended through the os uteri. In the form of encysted placenta, or irregular action of the uterus, constituting hour-glass contraction, we have precisely the same condition of the middle portion of the uterus as that which obtains in the second stage of *inversio uteri*. In simple hour-glass contraction, the cavity of the uterus is divided into two parts by the contraction of the middle portion of the organ; but when owing to irregular action of the fundus, this part of the organ descends into the cavity of the uterus, and the hour-glass contraction then occurs, the fundus uteri is seized by the contracting ring of the uterus, borne down through the os uteri and vagina, and inversion is thus rendered complete. After the inver-

sion, the os uteri, which dilates to allow the inverted uterus to pass, becomes firmly contracted. Again: all these abnormal actions, occurring after delivery, are but modifications of excessive after-pains. In severe after-pains, it is easy to feel with the hand that the uterus becomes hard and prominent at particular points, and soft and depressed at others. From these irregular contractions, the more serious irregularities of uterine action arise. Sphincteric closure of the os uteri prematurely, is the most simple derangement; next comes the annular contraction of the upper part of the cervix, or the body of the uterus, in hour-glass contraction; and lastly, the phenomena of inversion, which is the most compound of all these disordered actions. Thus rigidity of the os uteri, encysted placenta, inversion of the uterus, hour-glass contractions, and excessive after-pains, are merely modifications of irregular uterine action, and they are all convertible one into the other.

Puerperal Convulsions; their Dependence on Toxæmia. By J. ROSE CORMACK.—Dr. Cormack detailed the history of three cases of puerperal convulsions which had occurred in his practice. The main object of his paper was to point out the connection between renal congestion and puerperal convulsions, which exists in a very great proportion of cases. He considered puerperal convulsions to be—though not always, yet generally—the toxicological results of non-elimination of the excretion of the blood; and that, in by far the greater number of cases, this non-elimination depends on renal congestion, caused by the pressure of the gravid uterus. Oedema and albuminuria are frequent concomitants or precursors of convulsions, as shown by Dr. Lever and by MM. Devilliers and Regnault. The gravid uterus, or any tumor pressing on the renal veins, must cause congestion of the kidneys, and consequent toxæmia; and this is the more injurious to the pregnant woman, as her blood requires an extra degree of depuration, both from excrementitious matter from the foetus, and also from the elements of milk. Retention of these should, Dr. Cormack thought, be considered as the cause not only of convulsions, but also of various other distressing symptoms occurring during pregnancy. Uterine epilepsy probably often arises from toxæmia; and the suppression of the alochi may induce post-partum puerperal convulsions. When convulsions occur after delivery, we must suspect structural renal disease. The explanation of delivery generally arresting convulsions is not so much that uterine irritation is lessened, as that the hyperæmic state of the kidneys is relieved. The most common subjects of puerperal convulsions are strong, healthy young women, pregnant for the first time; and an examination of the cases recorded by authors proves this fact. In them, the abdominal walls are most unyielding, and unable to relax under the pressure of the gravid womb. Cases of puerperal convulsions in subsequent pregnancies might be either toxæmic or non-toxæmic; the toxæmic cases might be classed under the following heads:—1. Persons who had never gone to the full time. 2. Persons of extreme muscular development. 3. Persons suffering from structural disease or obstruction of the kidney. 4. Excessive volume of uterine contents, including twin cases, &c. Dr.

Cormack was desirous of drawing attention to toxæmia as a cause of puerperal convulsions, and also of recognising non-toxæmic convulsions. He thought that Dr. Tyler Smith, who had treated this subject more philosophically than any preceding writer, had, while recognising toxæmia, attached too little importance to it.—*Med. Gaz.*

Treatment of Sterility. A new Instrument for deobstructing the Fallopian Tubes. By Dr. TYLER SMITH.—This instrument, in the use of which the speculum is always required, consists of a small silver catheter, bent like the uterine sound, to adapt it to the curve formed by the uterus and vagina, and having a sudden lateral curve at the distal extremity, to the right hand or to the left, so as to point, when *in situ*, to the uterine mouth of the Fallopian canal, which it is proposed to examine. Through the catheter, a fine, flexible, whalebone bougie is passed into the Fallopian tube. When the small bougie is thus passed, so as to project at its Fallopian extremity, the instrument represents accurately the singular direction taken by the generative canal, from the mouth of the vagina to the fimbriated extremity of the tube. This novel operation proposes to bring an important organ under treatment, which has hitherto been removed from all interference, but is one requiring extreme caution in its employment.—*Lon. Jour. Med.*

Treatment of Encysted Tumors of the Labium.—By R. L. MACDONNELL, M. D.—Four plans of treatment have been recommended for the cure of these tumors:—1. Complete dissection out of the whole of cyst—a plan which must be extremely difficult in most cases, in all, extremely painful, and in such a case as mine, quite impracticable. 2. Laying open the cyst, and filling it up with charpie. 3. Seton; and, 4. Removal of the fluid, and then compression, so as to bring the walls of the cyst into close contact. The plan of treatment which I have employed for some years past, has been to cauterize with nitrate of silver, the lining membrane of the cyst, so as to cause adhesive inflammation, and this process I have found to be so readily excited by the caustic, that I have never been obliged to repeat it a second time. In some instances I have touched the granulations, occasionally during the progress of the cure, for the purpose of hastening the filling up of the sac; and these were instances where I believed that the nitrate of silver had acted, not by inducing adhesive inflammation, but by effecting a change in the functions of the membrane, in consequence of which, it threw out granulations, instead of secreting, as formerly, a peculiar fluid. In every case in which I have used the nitrate of silver in this manner, a speedy cure has followed, unattended by any bad consequences, and the patient has not been aware, in the majority of instances, that anything beyond the mere puncture of the cyst has been attempted. When we reflect for a moment upon the difficulty of dissecting out a cyst even of moderate size, and upon the excessive pain the patient must endure, both in this operation and in the second and third I have mentioned, and when we recollect the extreme difficulty, if not impossibility, of applying accu-

rate pressure, it will be allowed that the method I propose is at least unattended with any of these inconveniences, and if it should prove in the hands of others as successful as it has done in mine, and I have little doubt but it will—it must be considered a plan of treatment preferable to any recommended for the cure of this disease.

The method of preparing the caustic may not be known to some of my readers, and I shall therefore make no apology for describing it.

A larg-sized probe should be dipped in caustic which has been rendered fluid by melting in a watch-glass, over a spirit-lamp or wax candle, until there is a complete coating of the caustic on the probe. When this cools, we have the nitrate of silver, in a form well suited for being conveyed through a small opening and into a deep cavity, and by bending the probe, we suit it to the shape of the cyst, and thus it can be brought into contact with all parts. In large cysts, such as that under consideration, I have had two or three probes thus prepared, as the quantity of caustic coating one is not enough for the extent of surface to which it must be applied.

This method of destroying cysts, I have been in the habit of employing in other diseases, as in the encysted tumors of the eye-lids, and in sebaceous encysted tumors; and lately I succeeded in curing a lady of a tumor of the shape, and about twice the size of an almond, which had been growing for some months on the left jaw, and which had resisted every plan of treatment proposed by her former attendant, who had at last recommended its extirpation.

The discovery of this method of conveying lunar caustic to deep recesses, has been ascribed by some of the writers in the *Dublin Quarterly Journal of Medicine*, to my friend Mr. Wilde; but the paper in which he first alludes to it, was submitted to myself as Editor of that periodical, before its management fell into his hands; and in a note referring to the matter, he attributed the discovery to Mr. J. Morgan, from whom he had learned it. I mentioned, at the time, that Mr. Morgan was not the discoverer, for the plan was quite familiar to myself and other surgeons long before Mr. Wilde's paper was written, and had been spoken of at a meeting of the Surgical Society, in connexion with the treatment of small nævi. The paper was published, and the obligation to Mr. Morgan omitted; and hence the origin of "Mr. Wilde's method of applying caustic."

MATERIA MEDICA AND THERAPEUTICS.

Glycerine and its Therapeutic Uses.—The employment of glycerine as a local application in the treatment of deafness, and also for other purposes as a medicinal agent, has induced us to offer a few remarks on the preparation and properties of this hitherto neglected body. To obtain glycerine, any fatty matter is saponified by a caustic alkali. The solution being decomposed by tartaric acid, which precipitates the fatty acid, is to be evaporated, and the glycerine dissolved out by strong alcohol. For medicinal use, it is best obtained by evaporating the water used in making *emplastrum plumbi*. Any lead which

it may contain is removed by a stream of sulphuretted hydrogen passed through it when in a diluted state. If necessary, it may be boiled with animal charcoal, filtered, and evaporated. It is a colorless syrup, sp. gr.=1.26; it dissolves in water and alcohol, but is insoluble in ether (Kane's Chemistry, 1849, p. 872). Glycerine undergoes no change by keeping, but it is decomposed by heat; and when mixed with yeast, and kept in a warm place, is gradually decomposed, and converted into *metacetic acid*. Its formula is $C_6H_7O_5 + Aq$.

Glycerine has a strong attraction for moisture, and being of a bland, innocuous nature, it is obviously well adapted to afford a permanent moist covering to any part of the body to which it may be applied. It was first employed by Mr. Yearsley in cases of deafness arising from partial destruction of the membrane of the tympanum, and Mr. J. Wakley and others have extended its employment to all cases of deafness accompanied by dryness of the external meatus, and it is probable that in some cases of this kind, it may be more serviceable than the almond oil commonly employed to remedy a deficiency of cerumen. Dr. Patterson, of Edinburgh, has obtained some improvement in one of three cases in which he applied a small piece of cotton wool moistened with the glycerine, and introduced into the ear. When there is a loss or partial destruction of the tympanum, we are directed to use a very small quantity of wool, and to moisten it well with the glycerine. This is passed to the site of the membrane, and when there, 'the spot must be found which it is indispensable the wool should occupy and cover; for then only, and not till then, will success attend the application, and the patient regain the hearing. Glycerine has been employed also as a local application in psoriasis, by Mr. Startin, and it is said with advantage.—*Pharm. Jour.*

On the Treatment of Scleritis by Hydriodate of Potash.—By R. L. MACDONNELL, M. D.—In the administration of hydriodate of potash in ophthalmia, particularly when the inflammation is chiefly confined to the sclerotic, the same plan should be observed as when that remedy is used in inflammation of the fibrous membranes elsewhere, viz.: *to increase the dose steadily and daily if necessary, until a decided impression is made upon the local disease.*

The pain and throbbing of the eyeball will be much relieved by the use of a weak solution of atropia, (two grains to an ounce of water,) which not only acts as a *local anodyne*, but is the cleanest, cheapest, and most efficacious method of dilating the pupil, and thus preventing adhesions either to the cornea or lens. For this method of employing belladonna, I am indebted to the writings of Drs. Wilde and Jacob of Dublin.

I would remark that I do not claim for the hydriodate of potash, the properties of an *infallible* specific in the forms of ophthalmia alluded to, but I do believe most firmly that in the great majority of cases it will be found equally as useful as mercury, and not open to the objections which might be urged against that remedy, and much more successful than turpentine (which by-the-by cannot always be borne by the patient) in the very cases which experience proves to

be the best adapted for the employment of this latter medicine ; and in addition, it recommends itself to our notice as a powerful alterative in certain states of the system in which turpentine is useless—and in which mercury would be injurious.

MISCELLANEA.

Death from Chloroform.—An accident of a very melancholy nature has just occurred in Glasgow. Dr. Adams, resident physician to the Clyde-street Hospital, having occasion to use chloroform, inhaled it himself to try its strength, but without any serious consequence ; repeating, however, this experiment, and incautiously increasing the dose, the effect was fatal : he fell back, and immediately expired.—*Dub. Med. Press, Sept. 19th.*

Removal of Stains of Nitrate of Silver. By T. COLLINS.—If a solution of cyanide of potassium be added to a solution of nitrate of silver, a whitish precipitate of cyanide of silver immediately occurs. This precipitate is perfectly soluble in an excess of the cyanide of potassium, forming a colorless solution.

Black stains produced by nitrate of silver on the skin, nails, teeth, and on linen, &c., brushed over with a solution of cyanide of potassium (eight or ten grains of the salt to 3j of distilled water) are similarly acted on. They will disappear after one or two applications if at all superficial ; if even deeply seated in the textures, they may require several.

The cyanide of potassium is a cheap salt, and may be had at the Apothecaries' Hall, or from any respectable druggist. The solution should be made fresh, as it is liable to spontaneous decomposition.—*Dub. Med. Press.*

Creosote to remove the Taste of Cod-Liver Oil. By DR. BARCLAY.—In a large number of cases of consumption in which I have used the oil during the last six months, I have found considerable difficulty in obviating the sickness which in many cases follows its administration. After trying in vain the essential oils, &c., I at last prescribed one drop of creosote in each dose of half an ounce of this oil ; they mingle intimately, and I have much satisfaction in stating that it has succeeded in every instance (with one exception) in preventing even any nausea being felt by my patients, who liken the taste to that of red-herrings. *Provincial Journal.*

PART FOURTH.

EDITORIAL

AND

AMERICAN MEDICAL RETROSPECT.

COD LIVER OIL—*Its Therapeutic Value, etc.*—Recently, much has been said and written on this subject, and it is extremely difficult to find the experience of any two observers agreeing in every particular relating to the relative value of the three kinds in use, and their therapeutic results. It is not our intention to enter into an analysis of all that has been published on this subject, but to present to our readers simply some of the facts which appear to be most clearly established by reputable and careful observers, and then leave them to judge for themselves of the claims which this article presents to their attention. To many of our readers it may not be known, that so early as 1771, Percival* used this oil successfully, as a remedy in chronic rheumatism; and that in 1776, it was extensively used in the Manchester Infirmary, in the same disease, by Ray and Bardsley,† In 1822, the attention of the profession was more particularly called to it, by the publication by Schenck, of sixteen cases of chronic rheumatism treated by it successfully, and afterwards in 1826, the same author published twenty additional cases.‡ At this time, he advocated its beneficial use in gout and scrofulous affections. Between this period and the year 1832, it was extensively used in Germany, in a variety of affections in addition to those mentioned—such as scrofulous eruptions, coralgia, rickets, sciatica, incontinence of urine, etc. etc. It did not, however,

* Bulletin des Sciences Médicales, t. 2, p. 439.

† For thirty years, it is said the annual consumption of Cod-liver oil at the institution, averaged fifty or sixty gallons.

‡ Hufeland's Journal, 1822—1826.

gain much of any credit out of that country, and that portion of Scotland where it first started, until 1840, when Dr. Donovan published his article on the subject.* This, together with the valuable monograph of Dr. Bennet,† which appeared in the following year, directed the attention of English observers to its use, and which has, at the present time developed a mass of evidence in its favor, truly surprising.

Within the last year, much additional information has been added to our knowledge of this agent. Dr. J. C. B. Williams, has given an able paper on its utility in phthisis, particularly in its last stages.‡ And there has lately appeared an English translation of De Jongh's work, which has been within a few weeks republished in this country.§ In this work, and in an article by Dr. Pereira,|| may be found much additional information relative to the present state of our knowledge, of the chemical nature and therapeutic value of this oil. There are three kinds of Cod-liver Oil, which are particularly referred to and described by the above authors, and which may be found in market. These are the *pale*, *pale-brown* and *brown*. De Jongh thus describes them:—

1. *Pale cod-liver oil*.—Golden yellow; odor not disagreeable; not bitter, but leaving in the throat a somewhat acrid fishy taste; re-acts feebly as an acid; sp. gr. 0.923 at 63.°5. Fahr. Cold alcohol dissolves from 2.5 to 2.7 per cent. of the oil; hot alcohol from 3.5 to 4.5 per cent.; in ether it is soluble in all proportions.

2. *Pale brown cod-liver oil*.—Color that of Malaga wine; odor not disagreeable; bitterish, leaving a slightly acrid fishy taste in the throat; re-acts feebly as an acid; sp. gr. 0.924 at 63.°5. Fahr. Cold alcohol dissolves from 2.8 to 3.2 per cent. of oil; hot alcohol from 6.5 to 6.8 per cent. Ether dissolves it in all proportions.

3. *Dark brown cod-liver oil*.—Dark brown, is transmitted light greenish, in thin layers transparent; odor disagreeable, empyreumatic; taste bitter and empyreumatic, leaving behind in the fauces an acrid sensation; re-acts feebly as an acid; sp. gr. 0.929 at 63.°5. Fahr. Cold al-

* Dublin Journal of Medical Sciences for July, 1840, p. 363.

† Treatise on the Oleum Jecoris, Aselli or Cod-liver oil, as a Therapeutic Agent, &c. By JOHN HUGHES BENNETT, M. D., etc. London, Edinburgh and Dublin, 1841.

‡ London Journal of Medicine, No. 1, for January, 1849.

§ The three kinds of Cod-liver Oil: comparatively considered with reference to their Chemical and Therapeutic Properties. By L. J. DE JONGH, M. D. Translated from the German, with an Appendix of Cases. By EDWARD CARRY, M. D. To which is added an Article on the subject from "Dunglison's New Remedies." Philadelphia: Lea & Blanchard, 1849. 12mo. pp. 211.

|| On Cod-liver Oil. By Jonathan Pereira, M. D., F. R. S., in the Pharmaceutical Journal and Transactions, Feb. 1st, 1849, p. 370.

cohol dissolves from 5.9 to 6.5 per cent. of it ; hot alcohol from 6.5 to 6.9 per cent. In ether it is soluble in all proportions.

De Jongh found the principal constituents of these oils to be *oleate* and *margarate of glycerine*, possessing the usual properties. But they also contained *butyric* and *acetic acids*, the principal constituents of the *bile* (bilifellinic acid, bilifulvin, and cholic acid), some peculiar principles among which was the substance called *gaduin*) and not quite one per cent. of *salts*, containing iodine, chlorine, and traces of bromine. Moreover, he found that the oils always contained free *phosphorus*. (Pereira.)

The following table shows the proportions of the constituents in the three kinds of oil :—

Constituents.	Pale Oil.	Pale Brown Oil.	Brown Oil.
Oleic acid (with <i>gaduin</i> and two other substances,)	74.03300	71.75700	69.78500
Margaric acid, - - - - -	11.75700	15.42100	16.14500
Glycerine, - - - - -	10.17700	9.07300	9.71100
Butyric acid, - - - - -	0.07436	—	0.15875
Acetic acid, - - - - -	0.04571	—	0.12506
Fellinic and cholic acids, with a small quantity of margarine, oleine, and bilifulvin, - - - - -	0.04300	0.06200	0.29900
Bilifulvin, bilifellinic acid, and two peculiar substances, - - - - -	0.26800	0.44500	0.87600
A peculiar substance, soluble in alcohol, - - - - -	0.01300	0.01300	0.03800
A peculiar substance, insoluble in water, alcohol, and ether, - - - - -	0.00100	0.00200	0.00500
Iodine, - - - - -	0.03740	0.04060	0.02950
Chlorine, and traces of bromine, - - - - -	0.14880	0.15880	0.08400
Phosphoric acid, - - - - -	0.09135	0.07890	0.05365
Sulphuric acid, - - - - -	0.07100	0.08595	0.01010
Phosphorus, - - - - -	0.02125	0.01136	0.00754
Lime, - - - - -	0.15150	0.16780	0.08170
Magnesia, - - - - -	0.00880	0.01230	0.00380
Soda, - - - - -	0.05540	0.06810	0.01790
Iron, - - - - -	—	—	a trace
Loss, - - - - -	3.00943	2.60319	2.56900
Cod-liver Oil, - - - - -	100.00000	100.00000	100.00000

In the foregoing table, there will be observed some difference in the composition of the three kinds of oil. Measures have been instituted which tend to show that these differences are the result of variations in the therapeutic quality of the oil ; and De Jongh has attempted to

ascertain which of the three kinds is most beneficial in scrofula and rheumatism. From the somewhat limited number of cases in which he has put this matter to the test, he concludes, "that although all the three kinds of Cod-liver oil fulfil the same indications, still the brown effects this sooner, and we can therefore ascribe to it more powerful healing properties than to the two other kinds." These differences he attributes to the variations in their chemical relations and as the brown oil contains more biliary matter and butyric acid than any of the others, he thinks it "fair to assume that it owes its greatest power to these matters." In relation to the characters by which we may judge of the genuineness, purity and goodness of the oil, we know of no better tests than those proposed by Dr. Pereira. He speaks of them as follows—

"The physical characters which are usually employed, are principally color, odor and flavor. The finest oil is that which is most devoid of color, odor and flavor. The oil as contained in the cells of the fresh liver is nearly colorless, and the brownish color possessed by the ordinary cod-oil used by curriers is due to coloring matters derived from the decomposing hepatic tissues and fluids, or from the action of air on the oil. Chemical analysis lends no support to the opinion, at one time entertained, that the brown oil was superior, as a therapeutical agent to the pale oil. Chemistry has not discovered any substances in the brown oil which could confer on it superior activity as a medicine. On the other hand, the disgusting odor and flavor, and nauseating qualities of the brown oil, preclude its repeated use. Moreover, there is reason to suspect that, if patients could conquer their aversion to it, its free use like that of other rancid and empyreumatic fats, would disturb the digestive functions, and be attended with injurious effects.

Of the chemical characters which have been used to determine the genuineness of cod-liver oil, some have reference to the iodine, others to the gaduin or to the bile constituents. I have already stated that some fraudulent persons are said to have admixed iodine (either free iodine or iodide of potassium) with train oil to imitate cod-liver oil. The presence of this substance may be readily detected by adding a solution of starch and a few drops of sulphuric acid, by which the blue iodide of starch is produced; or the suspected oil may be shaken with alcohol, which abstracts the iodine."

The evidence which we now possess of its therapeutic value, undoubtedly claims for it a place (and that we are led to believe an important one) in our Pharmacopœia. And as will be seen in looking over what has been written, it deserves attention and trial in the following diseases, viz.: those proceeding from mal-assimilation, (as Dr.

Prout terms it,) embracing chronic rheumatism, gout, and the various affections arising from the local manifestations of a scrofulous diathesis, etc. etc. It has proved of service in scrofulous caries, ophthalmia, tabes mesenterica, tubercular meningitis and peritonitis, in phthisis pulmonalis in its early stages, etc. etc. In various eruptions of the skin, such as eczema, herpes and impetigo, particularly when dependent upon a disordered nutrition. There are many other diseases in which it has been used, but the evidence of its utility in them is so contradictory, that we have thought best not to enumerate them. It appears to us, from the trial which we have given it, that its use will prove more satisfactory in the commencement of certain forms of phthisis, unaccompanied with diarrhoea, than in any one disease. In the strumous affections of children it deserves our confidence. It is truly surprising often, to witness the improvement in general health and fatness which the little sufferer manifests after having been placed upon its use. Speaking on this point, Dr. Carey, the able translator of De Jongh's work, says, "In the pale, cachectic child, where the powers of life are low, it affords nourishment to the body. When none other can be borne; restores the functions of digestion, and furnishes the frame with fat in a truly wonderful manner."

The following is the result of Dr. Williams' experience in its use in 400 cases of phthisis, 234 of these cases are recorded in his Note Book; and by a London reviewer are thus classified:—"Among these 234, there were 9 cases in which the oil disagreed, 19 in which it appeared to do no good, and 206 in which its use was followed by marked and unequivocal improvement. Of the 206 patients, 62 had cavities; all of these improved materially under the use of the oil; in 34 the improvement has continued; in 11 the improvement was only temporary; in 17 the patients were lost sight of. In 100 patients the tubercles had commenced to soften, but actual cavities had not formed, and both physical and general symptoms materially and rapidly changed for the better. The process of softening seemed arrested, as the moist rhonchi in the supra or infra-clavicular or the supra-spinous regions gradually ceased, the dullness more or less disappeared, and at last vesicular breath-sound returned, and no physical signs whatever remained, except a little prolonged and, perhaps, tubular expiration. Coincidentally with these changes, the constitutional symptoms disappeared. In the remaining 44 patients, the disease was in the early stage, and the results were not less satisfactory. Eleven of the advanced cases are related as illustrations of the degree of improvement."

With respect to its mode of operation upon the system no satisfactory explanation has as yet been given, all that has been said upon the subject is vague and unsatisfactory. The usual dose for an adult is half ounce twice a day. It should be discontinued for a time, if it produces any manifestations of derangement of the stomach, which is sometimes the case. Professor Christison thinks that it will be best to begin with a teaspoonful at a dose in order to lessen the risk of nausea and vomiting being produced by mere prejudice and disgust. Those who have had most experience in its use advise its administration simply or alone, and afterwards a little sugar and cinnamon powder to remove the after-taste. No form of emulsion is any improvement according to Bennet. For the benefit of those who may desire it, we subjoin some recent formulæ.

For Internal Use.

Take of cod-liver oil, syrup of orange-peel, aniseed water, each an ounce, oil of calamus three drops. A table-spoonful three times a day. [ROESCH.]

Take of cod-liver oil four ounces, solution of carbonate of potash half an ounce, syrup of orange or lemon-peel two ounces, caraway water half an ounce, spirit of caraway half an ounce. Mix. Two spoonfuls three times a day.—[DR. NELIGAN.]

Take of cod-liver oil and Malaga or Hungary wine, of each four ounces, powdered Gum Arabic, one ounce; make an emulsion, and add syrup of orange-peel, one ounce; spirit of peppermint, two drachms. Two tablespoonfuls twice or thrice a day.—[BREFELD.]

SYRUP.—Take of cod-liver oil, eight ounces powdered Gum Arabic five ounces; water, twelve ounces; simple syrup, four ounces; form an emulsion, and dissolve in it twenty-four ounces of powdered sugar, to form a syrup. Dose, one or two table-spoonfuls gradually increased. [DUCLOS.]

For External Use.

Take of cod-liver oil, half an ounce; liquor of potash, half a drachm; lard sufficient to form an ointment.—[DR. NELIGAN.]

Take of cod-liver oil, ten drachms; liquid diacetate of lead, five drachms; lard, ten drachms. Mix.—[BREFELD.]

Take of cod-liver oil, six drachms; liquid diacetate of lead, four drachms; yolk of egg, four drachms. Mix.—[BREFELD.] To be applied on lint to scrofulous ulcers.

In conclusion we would say, that it is difficult to believe that the accumulative evidence which now presents itself to our notice of the value

of Cod-liver oil as a therapeutic agent, can by any possibility be erroneous. Still it may be, and we doubt not is, overrated. These conditions are likely to occur when any new remedy is presented to our attention, and are only to be corrected by a greater experience and a proper limitation of zeal. We have been in the habit of using an article of the transparent brown oil, procured from the fresh cod-liver by Messrs. Rushton, Clark & Co.,* which has given us the best of satisfaction, and upon which we think the profession can safely depend.

BELLEVUE HOSPITAL.—We are happy state, for the benefit of our readers, that the Medical Board of Bellevue Hospital, having completed their organization, under the new law, have, as will be seen from a notice in our columns, established a regular system of clinical instruction.

The days for lectures will be ascertained by referring to the notice. In addition to this, students are at liberty to visit the wards, with the medical and surgical officers, during their daily visits, which are made at noon. We cannot refrain from congratulating the profession on having thus placed at their disposal, means for observation and improvement, such as are possessed by few, if by any institutions in America. We may state that the average number of patients in hospital is between five and six hundred.

NEW-YORK SOCIETY FOR THE RELIEF OF THE WIDOWS AND ORPHANS OF MEDICAL MEN.—The annual dinner of this truly-meritorious Society took place on the 20th of November last, at the Astor House. At which time 161 were present. The annual meeting of the Society, with several particulars relating to the same, we learn from the secretary, was held on the 28th of the same month, when the following officers were chosen for the ensuing year:—EDWARD DELAFIELD, M. D., *President*; S. C. BLISS, M. D., VALENTINE MOTT, M. D., and ALEXANDER H. STEVENS, M. D., *Vice-Presidents*; ISAAC WOOD, M. D., *Treas.*; and H. D. BULKLEY, M. D., *Secretary*. The whole number of members is seventy-three. Six members† have died since the organiza-

* Vide Advertisement in this number.

† Since the receipt of a note from the Secretary, containing in part some of the above particulars, death has been busy in the ranks of our profession; and it becomes our melancholy duty to add another to this list, viz.: the name of Dr. Luke Barker.—[Ed. N. Y. Jour. Med.]

tion of the society in 1842. Three within the present year. The amount of funds of the society, according to the Report of the Treasurer, in September was \$6926 08, nearly all of which is invested in bonds and mortgages at 7 per cent. We fear that the profession at large ought to know more about this society. Its objects, aims and ends are in an eminent degree worthy of a greater attention and support, and we would earnestly submit, shall the operations of this valuable charity be circumscribed or even embarrassed by the apathy of those members of a liberal profession who are abundantly able to aid and advance its legitimate design? We sincerely hope not.

ANATOMY AND PHYSIOLOGY.

OBSERVATIONS ON THE SIZE OF THE BRAIN IN VARIOUS RACES AND FAMILIES OF MAN. By SAMUEL GEO. MORTON, M. D. (*Proc. of the Amer. Acad. of Nat. Sci.*, Oct., 1849.)—I have great pleasure in submitting to the Academy the results of the internal measurements of six hundred and twenty-three human crania, made with a view to ascertain the relative size of the brain in various races and families of Man.

These measurements have been made by the process invented by my friend Mr. J. S. Phillips, and described in my *Crania Americana*, p. 253, merely substituting leaden shot, one-eighth of an inch in diameter, in place of the white mustard-seed originally used. I thus obtain the *absolute capacity of the cranium, or bulk of the brain, in cubic inches*; and the results are annexed in all those instances in which I have had leisure to put this revised mode of measurement in practice. I have restricted it, at least, for the purpose of my inferential conclusions, to the crania of persons of sixteen years of age and upwards, at which period the brain is believed to possess the adult size. Under this age, the capacity-measurement has only been resorted to for the purpose of collateral comparison; nor can I avoid expressing my satisfaction at the singular accuracy of this method, since a skull of a hundred cubic inches, if measured any number of times with reasonable care, will not vary a single cubic inch.

All these measurements have been made with my own hands. I at one time employed a person to assist me; but having detected some errors in his measurements, I have been at the pains to revise all that part of the series that had not been previously measured by myself. I can now, therefore, vouch for the accuracy of these multitudinous data, which I cannot but regard as a novel and important contribution to Ethnological science.

I am now engaged in a memoir which will embrace in detail the conclusions that result from these data; and meanwhile I submit the following tabular view of the prominent facts.

T A B L E,

Showing the Size of the Brain in cubic inches, as obtained from the internal measurement of 623 Crania of various Races and Families of Men.

RACES AND FAMILIES.		No. of Skulls.	Largest I. C.	Smallest I. C.	Mean.	Mean.	
MODERN CAUCASIAN GROUP.							
TEUTONIC FAMILY.							
Germans,.....		18	114	70	90	} 92	
English,.....		5	105	91	96		
Anglo-Americans,.....		7	97	82	90		
PELASGIC FAMILY.							
Persians,.....		} 10	94	75	84		
Armenians,.....							
Circassians,.....							
CELTIC FAMILY.							
Native Irish,.....		6	97	78	87		
INDOSTANIC FAMILY.							
Bengalees, &c.,.....		32	91	67	80		
SEMITIC FAMILY.							
Arabs,.....		3	96	84	89		
NILOTTIC FAMILY.							
Fellahs,.....		17	96	66	80		
ANCIENT CAUCASIAN GROUP.							
From the Catacombs.	PELASGIC FAMILY.						
	Græco-Egyptians,.....	18	97	74	86		
	NILOTTIC FAMILY.						
	Egyptians,.....	55	96	68	80		
MONGOLIAN GROUP.							
CHINESE FAMILY.		6	91	70	82		
MALAY GROUP.							
MALAYAN FAMILY.		20	97	68	86	} 85	
POLYNESIAN FAMILY.		3	84	82	83		
AMERICAN GROUP.							
TOLTECAN FAMILY.							
Peruvians,.....		} 155	101	58	75	} 79	
Mexicans,.....					92		67
BARBAROUS TRIBES.							
Froquois,.....		} 161	104	70	84		
Lenape,.....							
Cherokee,.....							
Shoshoné, &c.,.....							
NEGRO GROUP.							
NATIVE AFRICAN FAMILY.		62	99	65	83	} 83	
AMERICAN-BORN NEGROES.		12	89	73	82		
HOTTENTOT FAMILY.		3	83	68	75		
ALFORIAN FAMILY.							
Australians,.....		8	83	63	75		

The measurements of children, idiots and mixed races are omitted from this table, excepting only in the instance of the Fellahs of Egypt, who, however, are a blended stock of two *Caucasian* nations—the true Egyptian and the intrusive Arab, in which the characteristics of the former greatly predominate.

No mean has been taken of the Caucasian race* collectively, because of the very great preponderance of Hindu, Egyptian and Fellah skulls over those of the Germanic, Pelasgic and Celtic families. Nor could any just *collective* comparison be instituted between the Caucasian and Negro groups in such a table, unless the small-brained people of the latter division (Hottentots, Bushmen and Australians) were proportionate in number to the Hindoos, Egyptians and Fellahs of the other group. Such a computation, were it practicable, would probably reduce the Caucasian average to about 87 cubic inches, and the Negro to 78 at most, perhaps even to 75, and thus confirmatively establish the difference of at least nine cubic inches between the mean of the two races.*

Large as this collection already is, a glance at the Table will show that it is very deficient in some divisions of the human family. For example, it contains no crania of the Eskimaux, Fuegians, Californians or Brazilians. The skulls of the great divisions of the Caucasian and Mongolian races are also too few for satisfactory comparison, and the Slavonic and Tchudic (Finnish) nations, together with the Mongol tribes of Northern Asia and China, are among the especial *desiderata* of this collection.

Among the facts elicited by this investigation are the following :

1. The Teutonic or German race, embracing, as it does, the Anglo-Saxons, Anglo-Americans, Anglo-Irish, &c., possesses the largest brain of any other people.
2. The nations having the smallest heads, are the ancient Peruvians and Australians.
3. The barbarous tribes of America possess a much larger brain than the demi-civilized Peruvians or Mexicans.

* It is necessary to explain what is here meant by the word *race*. Further researches into Ethnographic affinities will probably demonstrate that what are now termed the *five races* of men, would be more appropriately called *groups*; that each of these groups is again divisible into a greater or smaller number of primary races, each of which has expanded from an aboriginal nucleus or centre. Thus I conceive that there were several centres for the American group of races, of which the highest in the scale are the Toltecan nations, the lowest the Fuegians. Nor does this view conflict with the general principle, that all these nations and tribes have had, as I have elsewhere expressed it, a common origin; inasmuch as by this term is only meant an indigenous relation to the country they inhabit, and that collective identity of physical traits, mental and moral endowments, language, &c., which characterize all the American races. The same remarks are applicable to all the other human races; but in the present infant state of Ethnographic science, the designation of these primitive centres is a task of equal delicacy and difficulty. I may here observe, that whenever I have ventured an opinion on this question, it has been in favor of the doctrine of *primeval diversities* among men—an original adaptation of the several races to those varied circumstances of climate and locality, which, while congenial to the one, are destructive to the other; and subsequent investigations have confirmed me in these views. See *Crania Americana*, p. 3; *Crania Egyptiaca*, p. 37; *Distinctive Characteristics of the Aboriginal Race of America*, p. 36; *Silliman's American Journal of Science and the Arts*, 1847; and my *Letter to J. R. Bartlett, Esq.*, in Vol. 2 of the Transactions of the Ethnological Society of New-York.

4. The ancient Egyptians, whose civilization ante-dates that of all other people, and whose country has been justly called "the cradle of the arts and sciences," have the least-sized brain of any Caucasian nation, excepting the Hindoos; for the very few Semitic heads will hardly permit them to be admitted into the comparison.

5. The Negro brain is nine cubic inches less than the Teutonic, and three cubic inches larger than the ancient Egyptian.

6. The largest brain in the series is that of a Dutch gentleman, and gives 114 cubic inches; the smallest head is an old Peruvian, of 58 cubic inches; and the difference between these two extremes is no less than 56 cubic inches.

7. The brain of the Australian and Hottentot falls far below the Negro, and measures precisely the same as the ancient Peruvian.

8. This extended series of measurements fully confirms the fact stated by me in the *Crania Americana*, that the various artificial modes of distorting the cranium, occasion no diminution of its internal capacity, and consequently do not affect the size of the brain.

ON MINUTE ANATOMICAL INJECTIONS.—*A new Material and Process.*
By P. B. GODDARD, M. D.—Having received recently from Europe some beautiful microscopic preparations, consisting of minute injections by Prof. Hyrtl, Messrs. Hett, Dancer and Topping, I was stimulated to make an effort to obtain similar results, as they were, by far, finer than any which had been produced in this country. With the assistance of my friend, Dr. Neill, demonstrator of the University of Pennsylvania, I made many experiments with variable results, but with such success as to lead to further investigation. At last I struck upon a plan which is uniformly productive of exquisitely beautiful results, and is moreover easy of application. For the purpose of making such an injection, the anatomist must provide himself with a small and good syringe; some vermilion *very finely* ground in oil;* a glass stoppered bottle, and some sulphuric ether. The prepared vermilion paint must be put into the ground stoppered bottle, and about twenty or thirty times its bulk of sulphuric ether added; the stopper must then be put in its place and the whole well shaken. This forms the material of the injection. Let the anatomist now procure the organ to be injected, (say a sheep's kidney, which is very difficult to inject in any other way, and forms an excellent criterion of success), and fix his pipe in the artery, leaving the *vein open*. Having given his material a good shake, let him pour it into a cup and fill the syringe. Now, inject with a *slow, gradual and moderate* pressure. At first, the matter will return by the vein colored, but in a few moments this will cease, and nothing will appear except the clear ether, which will distil freely from the patulous vein. This must be watched, and when it ceases the injection is complete. The kidney is now to be placed in warm water of 120° Fahrenheit, for a quarter of an hour, to drive off the ether, when

* That which I have used was obtained already prepared in tin tubes, at J. W. Williams', No. 37 North Sixth Street, who has obligingly assisted me to obtain the finest colors.

it may be sliced and dried, or preserved in alcohol, Goadby's solution, or any other anti-septic fluid. For glands, as the kidney, liver, &c., it is better to dry and mount the sections in Canada balsam; but for membranous preparations, stomach, intestine, &c., the plan of mounting in a cell, filled with an anti-septic solution is preferable.—*Med. Exam.*

PATHOLOGY AND PRACTICAL MEDICINE.

EPIDEMIC SCARLATINA. By Prof. JOHN P. HARRISON.—As regards the philosophy of the *modus agendi* of great epidemical influences, it is certain that they sweep aside all others, and take possession of men's constitutions. We must always have regard to every epidemical influence when treating any particular one. If we treat scarlet fever simply as a distinct fever, without any regard to other epidemical influences that may be prevalent, we will commit a great mistake.—Where erysipelas has been prevailing, it has aggravated the scarlatina. Choleraic influence modifies other diseases. In 1832, every fever patient who was purged, died. Sydenham has well said "that wherever a disease prevails it leaves its livery behind." In the treatment of scarlet fever the non-interfering plan is a bad one—I have no faith in it. There are three things to be studied in every disease, and especially in scarlet fever. 1st. The physiological laws of disease. 2d. The pathological laws. 3d. The constitution of the patient, as modified by the disease. Scarlet fever is a self-limited disease; we must then recollect this pathological law. Irritation predominates over inflammation. What do we observe? great frequency of the pulse, indicating shock; the patients are frequently carried off by spasms. The sustaining treatment is then the only correct one. If patients die of secondary disease of the brain, in this disease, we find nothing morbid in it. I do not believe it is our duty to stand by and do nothing.—We ought to study every disease and interfere. There is an indication to be fulfilled in this disease. No man, then, is warranted in practising, unless he has an indication. The stimulating practice is not a new one. Bateman and Heberden used the stimulating course in several forms of cutaneous disease.—*Ohio Med. Sur. Jour.*

CHLOROSIS; ITS TREATMENT BY SULPHATE OF IRON. By R. JARROT.—Iron in some form is known to every practitioner to be adapted to simple Chlorosis, but the sulphate in my hands has proven to be by far the best preparation of this metal. My common practice is to combine it with aloes and myrrh, though the latter article is not indispensable. It will generally be found that great torpor prevails of the whole mucous surface of the intestinal tube, and that the lower bowels are distended, sometimes to their greatest capacity, with the various secretions within their cavity. Part of this returns to the circulation where it produces well-known effects. It is obvious, therefore, that the bowels should be operated upon before resorting to the tonic. An excellent combination

for this purpose is calomel, rhubarb and aloes. It should be repeated day after day, until thorough evacuations are procured and the stools become natural. This being effected, a pill of one grain of each sulphas ferri, aloes and myrrh is to be given thrice daily, morning, noon and bed-time. Twice a week, at bed-time, some blue mass, or other mercurial is to be substituted for the tonic pill. In ordinary cases this treatment will suffice, and it should be prolonged for an indefinite period, or until health is restored. The quantity of the sulphate in each pill should be lessened or increased, according to the capacity of the system to bear it. Sometimes nausea, griping pains and other unpleasant effects follow its use, in which event the quantity should be lessened or the wine mixture mentioned below used in its place. I have given as much as ten grains daily, or three and one-third grains to each pill. In general, two grains to each pill may be considered as the average quantity adapted to ordinary cases. The copperas should be burnt before it is made up into pill, and this can be very conveniently done, with the aloes and myrrh by means of the extract of gentian. A neat formula for the exhibition of the iron is the following:—Port Wine, 1 qt., tinct. Aloes, iv. ℥, tinct. Myrrh, ij ℥. Dose, a table-spoonful thrice daily, with the mercurial twice during the week, as above directed. I have prescribed this formula in some cases of suppressed menstruation, with the happiest effects.—*Charleston Med. Jour. & Rev.*

TREATMENT OF DYSMENORRHOEA.—By DR. N. WARD, of Burlington, Vermont.—(*Amer. Jour. Med. Sci.*)—Reports that in several cases of painful menstruation, he has obtained the best results from the use of $\frac{1}{4}$ gr. of sulph. ferri, with a slightly laxative dose of sulph. magnesia, every day during the interval of the monthly periods, or for the last ten days of the interval.

S U R G E R Y.

TREATMENT OF GUN-SHOT WOUNDS. By PROF. B. W. DUDLEY.—The following treatment of gun-shot wounds is illustrated by a number of cases in the *Transylvania Medical Journal* for Dec., from which we make the following selection.

“Being long since convinced of the error propagated in the profession, regarding the peculiarity of these wounds, my solicitude in all cases which have been placed under my charge, has been by the aid of properly-adjusted pressure; to preserve the surfaces of the interior lacerated fibres pressed closely together; to close the cutaneous openings and confer thereby all the advantages upon this wound, which are known to attend one from subcutaneous section; to prevent all tumefaction, inflammation and its consequences by the skilful distribution

of pressure above, below, as well as upon the seat of the injury; to apply the dressing with that very moderate force only, which is necessary to secure these purposes, and which at the same time imposes unconditional quiet on all the muscles involved in, or associated with the wounded part. Credulity need not be startled at the suggestion of suspending all disposition to muscular contraction by the bandage. By its agency, fractures of the patella unite as promptly and as thoroughly by bone, as do other bony structures; and where proper attention is bestowed in extension and counter-extension before the application is made, it is not less triumphant in cases of fractured cervix femoris. Instead of loss in length or symmetry in fractured bones, a common occurrence under the use of ordinary implements, I have, within the last quarter of a century, in very many instances, after the extraction of an entire dead bone, caused the construction of a new one in its place, of equal dimensions, by the aid of the roller, which suspended muscular movements, subdued swelling and inflammation, and thereby left nature free to reconstruct the lost bone. The dead phalanx in cases of bone felon is here referred to.

FRACTURE AND DEPRESSION OF THE SKULL IN A CHILD RELIEVED BY CUPS. By W. L. MOULTRIE, M. D.—(*Charleston Med. Jour. and Rev.*)—A negro child, 5 months old, the property of the Hon. T. Bennett, of Mepshew plantation, was brought into my office on the morning of the 2d of May, 1849, having incurred a fracture and indentation of a large portion of the right parietal bone, the depression being sufficient to contain with ease the bowl of a large table-spoon. The child had, as represented by both mother and nurse, who brought him to me, been in a state of insensibility from the time they first discovered the accident, (the time and manner of the occurrence of which they could give no information,) until he arrived at my office—a period of time judging from the distance travelled, on foot, and the time otherwise occupied in receiving instructions relative to it from the owner, must have taken up at least half an hour.

The application of the cupping instruments two or three times, until they could be brought to work effectively together with the addition of traction upon the cup when it had taken firm hold, completely and easily effected entire restitution of the bone to its natural position. It is now upwards of two months since the accident, and the child is without the occurrence of any evil result from the injury. Simple as this case is, it is not without its teaching. The ease with which, in this instance, the object was attained, affords abundant reason to believe, that in similar cases of older subjects, where the bones of the head have attained even greater development and firmness, the cups would yet be adequate to accomplish the elevation of bone fractured and depressed by violence, and in this way probably supersede for the time the necessity of operating by incisions and the use of the trephine and elevator, at all times requiring great surgical skill and mechanical dexterity.

TREATMENT OF ANEURISM BY COMPRESSION WITH BANDAGES. By Prof. DUDLEY.—The August number of the *Transylvania Medical Journal*

contains a paper from Prof. Dudley on the treatment of Aneurism. In the October number we find the following analysis of the results of the cases, and mode of treatment as set forth in the paper. Of the cases reported in the article, five of them were cured by compression, as the principal means.

Two resisted that treatment and required the ligature.

The axillary aneurism and that of the internal carotid, of course, were not cases in which compression was admissible, or even practicable.

Four other cases of internal aneurism, selected from many of a similar nature, represent a class in which constitutional measures form the only remedial resource.

The first case of aneurism was successfully treated with the bandage, by Prof. Dudley, in 1814; and since the year 1818 he has taught the practice to every successive class attending the medical school with which he has been connected.

In the use of this agent, for any purpose, much injury may be done by its improper application. It is an instrument of power, for evil, as well as for good. If it is desired to apply the roller and compresses, for a popliteal aneurism, for instance, the leg should be gently encircled by regular and successive turns from the toes to the lower border of the swelling—just force enough should be employed to adapt the dressing smoothly and firmly to the limb. A pledget of cloth should then be laid over the tumor, and secured by the ascending rolls of the bandage. From Poupart's ligament to the point where the femoral artery passes through the adductor muscle, a long and firmly rolled pledget should be placed—the skin being protected by a slip of oiled silk—and then, the bandage must be brought up around the thigh to press this in upon the course of the vessel with force sufficient to diminish decidedly the pulsation in the tumor. The bandage around the foot and leg prevents swelling, and tends to diminish the amount of fluid circulating in the limb. At each successive application of the dressing, the pressure may be increased without additional pain to the patient. Perfect quietude should be enjoined—the limb sustained in a slightly elevated position—and medicines employed to lower the action of the heart and arteries. We have seen several cases thus treated and the suffering was really inconsiderable. It is not necessary to apply force enough to close the artery completely, and it is rare that a patient will be found of sufficient fortitude to tolerate a degree of pressure, thus applied, which would be productive of injurious effects; so that we have, in the sensations of the patient, and the condition of the tumor, sure and safe indices by which to direct the treatment.

LIGATURES MADE OF ANIMAL SUBSTANCES. By W. T. WRAGG.—Ligatures, made of the fibrous tissue of the deer, dried and twisted so as to form a small round thread, have been recently employed by Mr. Wragg, with complete success in tying and obliterating arteries. This gentleman amputated the leg of a woman over 60 years of age; he tied the arteries with ligatures made of the fibrous tissue of the deer, and cut the ends of the ligature close to the knot, and brought the

wound together. At the end of three weeks the stump was entirely healed. No part of the ligature was afterwards seen; nor were there any abscesses nor ulceration indicating that the ligature acted as a foreign body. It was completely absorbed. He has repeatedly tied the femoral, brachial, tibial and other large arteries with this species of ligature, and in almost every instance, the result has been satisfactory—proving that the ligature was entirely removed by absorption. This is a valuable addition to practical surgery, and the method is worthy of consideration.—*Charleston Med. Jour.*

MISCELLANEA.

ST. VINCENT'S HOSPITAL.—Since our last issue, a new hospital under the supervision and management of the "Sisters of Charity" has been opened. For some two years or more, the initiatory steps have been in progress for the establishment of this institution. A very eligible location, with the necessary accommodations, have been obtained in Thirteenth-street, between Third and Fourth Avenues. And the following-named gentlemen have been appointed as medical officers to the same, viz.: VALENTINE MOTT, M. D., *Consulting Physician and Surgeon*; WM. POWERS, M. D., and WM. MURRAY, M. D., *Attending Physicians*; W. H. VAN BUREN, M. D., and S. W. SCHMIDT, Jr., M. D., *Attending Surgeons*. We understand that the terms of admission into this hospital are the same as those of the City Hospital, viz.: \$3 per week.

THE PHYSICIANS' DIARY.—We have received from the publishers, Messrs. Bell & Gould, a copy for 1850, of this neatly-printed companion for the physician. It contains many important and interesting items for the physician, among others a Directory of all the Physicians and Dentists in the city of New-York, also a List of all the Public Institutions, etc. Aside from the fact that it contains a space for memorandums for each day in the year, the interesting information it contains ought to place it in the hands of every physician and dentist in the city.

CONTRIBUTIONS TO PHYSIOLOGY.—This is the title of a pamphlet of about 25 pages, written for, and republished from, the New-Orleans Medical and Surgical Journal, by Bennett Dowler, M. D. The labors of this indefatigable physiologist, his anatomical examinations made upon the great Saurian of Louisiana, have, we are pleased to say, corrected numerous prevalent errors, and have resulted in discoveries which have important bearings upon the doctrines of physiology. His experiments and vivisections have led him to conclude, as will be seen in this tract, and contrary to what is generally believed, "That voluntary motion is neither directly communicated from, nor regulated by the brain, or the cerebellum; that the muscles, in connection with the spinal marrow, perform voluntary motions for hours after having been

severed from the brain; that these motions are not only entirely independent of the brain, but may take place, though imperfectly, after the destruction of the cord itself; that the trunk, as well as the brain, thinks, feels and wills, or displays psychological phenomena; that the *sensorium* is not restricted to a single point, but is diffused, though unequally, or in a diminished degree, in the periphery of the body; and that actions which take place after decapitation, as described above, are in absolute contrast to *reflex actions*, being sensational, consensual, voluntary, and in other respects, dissimilar."

ON THE SPREAD OF ASIATIC CHOLERA.—We have received from Prof. J. Evans, M. D., a pamphlet of forty-three pages, being an article communicated to and republished from the North Western Medical and Surgical Journal. It is based principally on observations made during the prevalence of the disease recently in Chicago, and from which he draws the conclusion that it is a communicable disease. Its mode of communication he does not legitimately explain, but says that he is "satisfied that the communication in cholera can be more certainly traced than in rubeola or even variola, because a less time elapses between exposure and attack. This rapidity of the action of the poison on the other hand, makes it by far more difficult to follow the disease in its diffusion, for it will seem to appear simultaneously in distant parts of a city at a very early day after its introduction. The rapidity of the disease too, may account for the greater prevalence at the outset and gradual subsidence, as those acutely susceptible are speedily affected, while in the decline only those take it who subsequently become proper subjects."

REPORT OF THE BOARD OF HEALTH ON CHOLERA.—This report has been lying on our table for some weeks. It does credit to the Medical Council of the Sanitary Committee; and we are proud in being able to say that it will compare favorably with any report on this disease which has ever been presented to the American public. It was our intention to have given in this number an extended notice of the same, but the length of the original department is an apology for the omission.

RECENT PUBLICATIONS.—Neligan's *Materia Medica*, by B. W. McCready, M. D., a work peculiarly adapted to the wants of students, and highly recommended for such by Professors J. B. and T. R. Beck, it is republished with additions from the second Dublin edition.

Prof. Dickson's *Pathology and Practice of Medicine*. A neat edition with additions. It is particularly deserving of the attention of students of medicine, and the young practitioner for whom it is more especially designed.

PROF. DAVIS'S INTRODUCTORY.—This address on "Free Medical Schools," by the late editor of the *Annalist*, now Professor of Physiology and Pathology in the Rush Medical College, Chicago, contains a novel announcement. It appears from it, that he and his colleagues "have resolved to commence the work of REFORM at once, and in earnest." As proof of this, they "this session, offer to all the matriculated students of the college, the tickets of three of the professors *free of charge*," and it is their "settled policy to go still further another year, and not stop until all are alike *gratuitous to the faithful cultivators* of our noble science." Surely this is an age of progress—an age of "reform." Is there any evidence now wanting of it?

RARE AND VALUABLE MEDICAL WORKS.—We were shown at Messrs-Woods book-store, a few days since, a very large collection of splendid and valuable medical works which have been recently imported by them. We ardently hope that the enterprising spirit which has placed them before our countrymen will not be suffered to languish or go unrewarded, but that the opportunity which is there presented for our college libraries, as well as those of private practitioners, to become supplied with rare and desirable works, will not be allowed to pass by unheeded. For a list of many of these works, our readers are referred to the advertising sheet of this number.

CLINICAL INSTRUCTION.—By direction of the Medical Board of Bellevue Hospital, regular clinical instruction will be given until further notice, on Monday and Saturday of each week, between the hours of 1 and 3, P. M.

JOHN T. METCALFE, M. D.,

Dec. 10th, 1849.

Secretary.

OBITUARY.

DEATH OF DR. GALLUP.—Recently at his residence in Woodstock, Vt., Joseph Gallup, M. D., in the 81st year of his age. He contributed somewhat extensively to the medical literature of our country. His history of epidemics in Vermont will be remembered in the profession as a lasting monument to his memory.

MEIKLEHAM, D. S., M. D., in this city, on the 20th of November last, of arachnitis. Dr. Meikleham was an erudite scholar, and for some time edited with great ability the "New-York Medical Intelligencer." To those who were most intimately acquainted with him, his loss will be deeply felt.

BARKER, LUKE, M. D., at his residence in this city, on the 13th of December last, of pneumonia, aged 59 years.

McNAIRY, JOHN E., M. D., on the 18th of August last, aged 31 years. He was superintendent of the Lunatic Asylum of the state of Tennessee.

THE NEW-YORK JOURNAL OF MEDICINE.

FOR MARCH, 1850.

PART FIRST.

ORIGINAL COMMUNICATIONS.

ART. I. *A brief Historical Notice of the Progress of Medical Science in Massachusetts, from the landing of the Pilgrims at Plymouth, to the Present Time.* By STEPHEN W. WILLIAMS, M. D., etc., etc.

WE have met with no direct and positive evidence that more than one physician, exclusively educated for the profession, came over with our Puritan ancestors at the time of the first settlement of Plymouth, and, in fact, for many years afterwards. Our forefathers left their native land on account of religious persecution, preferring to hazard the perils of the ocean, the dangers of savage warfare, and the liability to sickness incident to the opening and clearing of all new countries, to these more savage and unrelenting persecutions. Among them were men of bone and sinew, as well as of talent and intellect; men who have given New England, and even our common country, a name and a character among the nations which will ever be applauded. If there were no physicians among them, there were many eminent clergymen who officiated as such from necessity. In their collegiate education, they studied the works of some of the most distinguished of the ancient medical writers in their native language, such as Hippocrates, Galen, Celsus, Aretæus, and others, and they soon had need to apply the learning derived from these sources, in the cure of the diseases to which the immigrants were exposed.

Cruel privations and sufferings did these immigrants endure in their perilous voyage, and on their arrival on the then inhospitable coast of rocky New England, in the cold and dreary season of winter. A considerable portion of the immigrants perished on the voyage, and on their arrival on the coast, they found that a pestilential disease had almost depopulated several Indian villages, and it was still raging among them. Captain Dermer, an Englishman, arrived upon our coast in a fishing vessel in the winter of 1618-19, and remained in Monhiggan, an Indian town, during the winter, and on his way to Virginia, in May, 1619, he found several Indian towns completely depopulated, and some with but few of the Indians living. Their complaint he called the plague, from the sores which some of them who had escaped from death had upon their bodies. Some villages which he had heretofore visited, and which were now deserted, the Indians "all dead." (*Purchas.*) This disease was so fatal in America in 1618, and so frightful was the pestilence, that the Narragansett and Penobscot Indians, the limits to which the disease was supposed to extend, were reduced in number from nine thousand to a few hundreds. Hutchinson remarks that thirty thousand of the Massachusetts were supposed to have been reduced to about three hundred. Mather in his *Magnalia* observes, that when our ancestors arrived here in 1620, their bones were found unburied in many parts of the country, and in some places their festering bodies lay putrefying in the sun. They were deserted, and their bodies left to contaminate the atmosphere. Dermer thinks it was the plague, Hutchinson calls it the small-pox, but the Indians call it a pestilential putrid disease. Probably this was the *yellow fever*, as Gookin says "what the disease was which so generally and mortally swept them away I cannot learn. I have discoursed with some old Indians, that were then youths, who say that their bodies all over were exceedingly yellow." Prince, in his *Chronology*, says, "this fever produced hemorrhage from the nose." Gookin wrote about fifty years after the settlement of New England. At that time the infectious fevers of New England were called pestilent, and they were very frequent in the country. The fever has been common among the Indians since the English arrived in the country.

(*Webster.*) Gorges says that after the summer of the blazing star, 1618, "there befel a great mortality among the Indians, the greatest that had ever happened in the memory of man, or been taken notice of by tradition, laying waste the earth." The calamitous disease prevailed in Virginia, and Dermer says three hundred of the settlers died in 1619.

A pestilent fever attacked the inhabitants of Plymouth in 1633, and carried off twenty of the inhabitants; a large number for so small a settlement. In 1638 there was a great deal of sickness in America. It was so severe that a fast was observed in December, on account of the prevalence of small-pox and yellow fever. (*Webster.*)

The physician spoken of above, as being the only one who came over with our ancestors at the time of the settlement of Plymouth, was Dr. Samuel Fuller. He was one of the company which came over in the first ship, and he held the office of deacon in the Rev. Mr. Robinson's church. He was a religious man, and very useful as a physician and surgeon. He was highly approved by Gov. Endicott, and visited the inhabitants of the new city of Salem who were sick. He died at Plymouth, of an infectious fever that prevailed there, in 1632. Dr. Giles Firmer was a physician in New England, and a preacher in old England. He came to New England in 1633, and was considered to be a man of learning, and a judicious physician. He returned to England after the civil wars, and settled at Strafford, studied divinity, and was ordained at the age of forty. He died in 1697, at the age of more than fourscore years. Eliot says, "he was eminent for his parts and learning. His skill in physic and surgery were uncommon. He understood the oriental tongues; he read the fathers, schoolmen, and church history." He published several theological works, but nothing medical.

Dr. John Fisk came to New England in 1637, and died at Chelmsford in 1676, aged seventy-five. He was a talented physician and a very useful preacher. He was silenced in England on account of non-conformity, and then studied physic, and after a proper examination he obtained license for public practice. (*Eliot's Magnalia.*) Dr. William Gager was a companion of Gov. Winthrop to America, as his surgeon,

and his death was much deplored. Dr. Samuel Bellingham and Dr. Henry Saltonstall, were among the first in America, if not the very first after graduation in college here who received the degree of M. D. in England. Dr. Leonard Hoar, and Dr. John Glover, about the year 1650, received the degree of M. D. in England, and practised here, and also Isaac Chauncey, and John Rogers, who was president of Harvard College from 1682 to 1684. Dr. Charles Chauncey was also president of Harvard College in 1652. He was a distinguished physician, and was educated in England. He had six sons, who were all educated in Harvard College, and all of them studied medicine, and, as Mather says, they were all eminent physicians, as was their father before them. (*Mather.*) "A more learned man than Dr. Chauncey," says Thacher, "was not to be found among the fathers of New England." Dr. Thomas Thacher was a learned physician who came to New England in 1635. He published a work entitled "*A Guide in the Small-pox and Measles*, published in 1677," which was the first publication on a medical subject in America. Dr. Nathaniel Williams was also a celebrated physician and divine, who practised in New England not far from the commencement of the seventeenth century. He was called the "beloved physician," and was so agreeable in his manners when he entered the chambers of the sick, "his voice and countenance did good like a medicine." It revived the spirits and lightened the maladies. "He died on the 16th of January, 1737, aged sixty-three. He published a pamphlet on the inoculation of the small-pox. In a satirical pamphlet of the time, which introduced him in a conversation with Boylston and Douglass, the arguments for and against it were brought forward. The book is entitled, "*Mundungus, Sawney, Academicus, a debate.*" 1721. (*Prince's Sermon.*)

A few others of the distinguished physicians of Massachusetts in the seventeenth century, were Thomas Starr, Comfort Starr, Samuel Seabury, Thomas Little, Thomas Oliver, Henry Taylor, Daniel Stone, Thomas Oaks, William Hughs, Dr. Elisha Cook, senior and junior. None of these last, as I can learn, ever published any thing, so that the medical literature of Massachusetts in the seventeenth century was very scant.

The medical writers, too, of this State, for the first half of the eighteenth century, or to the year 1750, were "few and far between." About the year 1721, the small-pox made its appearance in Boston, and other parts of New England, and strange to say, the physicians of that period in America were generally opposed to the inoculation of it, while the clergy as generally advocated the practice. I refer to the early history of Massachusetts, and to the inoculation of the small-pox in our works upon the subject, and shall dismiss the subject here with the remark, that Dr. Zabdiel Boylston very ably defended the doctrine and practice of inoculation, while Dr. William Douglass, Lawrence Dalhonde, and Joseph Marion violently opposed it.

Dr. John Walton, of Boston, published one of the first medical books in America, an essay on fevers, published 1732. Dr. William Douglass published a valuable essay upon the angina maligna which prevailed throughout the country in the year 1735 and 1736.

Among the numerous eminent physicians who flourished in Massachusetts before the middle of the eighteenth century, I can only advert to those of Dr. Pyncheon of Springfield, Dr. Mather of Northampton, Dr. Thomas Williams of Deerfield, Dr. Sylvester Gardner, who died at Newport in 1786, aged eighty years. After this period to the time of the Revolution, we might mention the names of Dr. James Lloyd of Boston, the skilful surgeon and midwife, but particularly versed in the latter science; of Dr. Joseph Warren, whose life was gloriously sacrificed in the ever memorable battle of Bunker Hill; of Dr. Nathaniel Perkins, of Dr. Ebenezer Barnard of Deerfield, of Dr. Shattuck, Dr. Henry Wells, Dr. Frink, and many others, who just commenced their medical career at the opening of the revolutionary struggle. Many of these men were most eminent in the profession during the period in which they lived. But that was not an age of publications like the present, and consequently few if any of their writings have ever been published.

A rather more brilliant period in our medical history presented itself soon after the commencement of the war of independence. Some of our most intelligent and scientific phy

sicians held medical offices in the army, either during the whole or a part of the period of the struggle, either as hospital or regimental surgeons from Massachusetts, such as Isaac Foster, Samuel Adams, John Warren, William Eustis, David Townsend, John Homans, James Thacher, John Hart, Joseph Fisk, John Thomas, Abijah Richardson, Daniel Shuter. (*Thacher.*) Dr. John Warren, brother of the General who was slain on Bunker Hill, and pupil to him, first commenced a course of anatomical lectures, while surgeon of a military hospital in Boston, and in the following year these lectures were attended by the students of Harvard University. In 1782, the Medical College of that institution was established. Dr. Warren was appointed the first professor of Anatomy and Surgery there; Dr. Benjamin Waterhouse, professor of the Theory and Practice of Physic; Dr. Aaron Dexter, professor of Chemistry. This was the first medical college ever established in New England; and Dr. George W. Hall, and Dr. John Fleet, were the first who ever received the degree of Doctor of Medicine in this school. This was in the year 1788. Dr. John Warren was one of our most distinguished physicians, and was a most eminent surgeon. His principal published writings were "A View of the Medical Practice in Febrile Diseases" in the 2d vol. of the collections of the Massachusetts Medical Society, and one on Angina Pectoris, in the New England Journal of Medicine and Surgery, also communications to the American Academy, and orations. He was elected President of the Massachusetts Medical Society, in 1804. He died on the 4th of April, 1815, aged 62. Dr. Benjamin Waterhouse was also quite distinguished as a medical writer of Massachusetts, and was instrumental in introducing the vaccine inoculation into the United States. He wrote much in defence of this inoculation. He also published a work upon botany, besides many controversial medical papers. Dr. Aaron Dexter was an eminent chemist. He wrote much in the periodicals; and he delivered one of the annual discourses before the Massachusetts Medical Society, upon the use of blisters in the diseases of the articulations. I mention these men as eminent in their profession, during this period, and shall have occasion to mention many more while treating of the Massachusetts Medical Society.

This Society was the first of the kind established in the United States,* and it has exerted an influence over the practice of medicine over the State, altogether superior to that of any other institution, or even medical college. She stands now acknowledged by unprejudiced men, at the head of almost all other *State* medical institutions of a similar character in the Union; and while our State Legislatures are doing nothing towards raising the standard of medical education in our country, but are, in fact, many of them directly aiding the progress of empiricism, by fostering and encouraging the quackery of Thomsonism, and other delusions, this society has taken a noble stand, and will admit none to fellowship, who are not in every respect qualified; and she embraces in her ranks almost every physician of respectability in the commonwealth. It was incorporated in 1781, before the close of the revolutionary war, and the following were the original fellows who composed it, viz.: Nath'l W. Appleton, William Baylies, Benjamin Curtis, Samuel Danforth, Aaron Dexter, Shirley Ewing, Joseph Fisk, Joseph Gardner, Samuel Holton, Edward A. Holyoke, Ebenezer Hunt, Charles Jarvis, Thomas Kart, Giles C. Kellogg, John Linn, James Lloyd, Joseph Orne, James Pecker, Oliver Prescott, Charles Pyncheon, Isaac Rand, Isaac Rand, jr., Micajah Sawyer, John Sprague, Charles Stockbridge, John B. Swett, Cotton Tufts, John Warren, Thomas Welsh, Joseph Whipple, and William Whiting.

The **PRESIDENTS** of the Society have been Edward Holyoke, 1782-3 and 6; William Kneeland, 1787; Samuel Danforth, 1795; Isaac Rand, 1798; John Warren, 1804; Joshua Fisher, 1816; John Brooks, 1823; Cotton Tufts, John C. Warren, 1834; George Cheyne Shattuck, 1836; Rufus Wyman, 1840; Jacob Bigelow, 1842; Zadok Howe, 1847; John Ware, 1848.

VICE-PRESIDENTS. — James Pecker, Cotton Tufts, Isaac Rand, Samuel Danforth, Samuel Holton, Isaac Rand, Ebe-

* **NOTE.**—"The Medical Society of New Jersey was organized on the 23d day of July, 1766, and fourteen physicians became members. It was incorporated by an act of the General Assembly of the Province of New Jersey, passed on the 2d day of June, 1790." *Vide N. J. Med. Rep.*, for July, 1848, and *N. Y. Jour. Med., New Series*, vol. 1, 1848, p. 272. [Ed. N. Y. Jour. Med.]

nezer Hunt, John Warren, Joshua Fisher, Thomas Welsh, Abraham Haskell, Stephen Batchellor, Robert Thaxter, Edward Flint, Joseph Stone.

Authors of Dissertations, with their subjects, and the year they were delivered.

Isaac Rand, M. D.	On Phthisis Pulmonalis, and the use of the Warm Baths	1804
John Warren, M. D.	On the Medical Practice in Febrile Diseases	1805
Joshua Fisher, M. D.	On several Narcotic Vegetable substances	1806
Thomas Welsh, M. D.	On heat and cold as agents on the human body	1807
Hon. John Brooks, M. D.	On Pneumonic Inflammation	1808
Aaron Dexter, M. D.	On the use of Blisters in the Diseases of the Articulations	1809
Josiah Bartlett, M. D.	On the Progress of Medical Science in Massachusetts	1810
Hon. Oliver Fiske, M. D.	On certain Epidemics which have prevailed in the county of Worcester	1811
Abraham Haskell, M. D.	On Cynanche Trachealis	1812
Oliver Prescott, M. D.	On the Natural History and Medicinal effects of Secale Cornutum	1813
Richard Hasletine, M. D.	On Phlegmanæ dolens	1816
Hector Orr, M. D.	On the Progress of Animal and Vegetable Life	1817
James Jackson, M. D.	On Fever	1818
Nathaniel Bradstreet, M. D.	On the Proximate Cause of Fevers	1820
John C. Warren, M. D.	Comparative view of the Sensorial and Nervous Systems in Man and Animals	1820
John G. Coffin, M. D.	On Medical Education and the Medical Profession	1822
Henry W. Childs, M. D.	On the Progress of Medical Science in this State	1823
Robert Thaxter, M. D.	On the excessive use of Ardent Spirits	1824
Joseph H. Flint, M. D.	On the Prophylactic management of Infancy and Childhood	1826
Nathaniel Miller, M. D.	On the manner of detecting deep-seated Matter	1827
George C. Shattuck, M. D.	On the uncertainty of the Healing Art	1828
William Sweetzer, M. D.	Intemperance, for which the prize of the Society was awarded	1829
Rufus Wyman, M. D.	On Mental Philosophy, connected with Mental Diseases	1830
Walter Channing, M. D.	On Irritable Uterus	1833
Zadok Howe, M. D.	On Quackery	1834
Jacob Bigelow, M. D.	On self-limited Diseases	1835
Andrew Nichols, M. D.	On Irritation of the Nerves	1836

George Hayward, M. D. On some of the Diseases of the Knee-joint	1837
Ebenezer Alden, M. D. Historical Sketch of the Massachusetts Medical Society	1838
Enoch Hale, M. D. On Typhoid Fever	1839
A. L. Pearson, M. D. On Fractures	1840
Edward Reynolds, M. D. On the Medical Profession	1841
Stephen W. Williams, M. D. Medical History of the county of Franklin	1842
Charles W. Wilder, M. D. On Pulmonary Consumption, causes, symptoms, and treatment	1843
John Homans, M. D. The character and qualifications of a good Physician	1844
William J. Walker, M. D. On the treatment of compound and complicated Fractures	1845
Henry O. Green, M. D. The Factory System in its Hygeinic relations	1846
John Ware, M. D. Condition and prospects of the Medical Profession	1847
Luther V. Bell, M. D. On the Practical Method of Ventilating Buildings	1848
Edward Jarvis, M. D. On the production of Vital Force	1849

A notice of some of the publications of the Massachusetts Medical Society, previous to the year 1800.

1. An account of the weather and epidemics of Salem in the county of Essex, for the year 1786; with a bill of mortality for the same year. By Edward Augustus Holyoke, M. D., A. A. S., M. M. S. 1787
2. An account of the Ulcerated Sore Throat, as it appeared in the town of Dighton, Massachusetts, in the years 1785 and 1786. By William Baylies, A. A. S. S., M. S. 1787
3. Experiments made with the common cowparsnip, in cases of Epilepsy. By Joseph Orne, A. M., A. A. S., Fellow of the Society, Salem 1783
4. An account of the successful treatment of a Paralysis of the lower jaw, occasioned by a curvature of the spine. By Nathaniel W. Appleton, A. M., A. A. S., Fellow of Society, Boston 1786
5. Remarks on the superior advantages of covering with the skin parts recently exposed. By Edward A. Wyer, Fellow of the Society, &c., Halifax, N. S. 1784
6. A case of Empyema, successfully treated by operation. By Isaac Rand, Fellow Society, Cambridge 1783
7. Observations on Hydrocephalus Internus, by operation. By Isaac Rand, jr., Fellow Society, Boston 1789
8. An account of a Preternatural Obstruction in the Vagina. By Joseph Osgood, Fellow Society, Andover 1786
9. Curious facts respecting Worms. By Thomas Welsh, A. M., Fellow Society, Boston 1789
10. Case of Calculus in the Urethra, &c. By Wm. Baylies, Dighton 1787

11. Experiments for determining the expediency of the Siganlian operation. By Joseph Orne 1783
12. An account of an Aneurism of the thigh perfectly cured by an operation, and the use of the limb preserved. By Thomas Kast, A. M., Fellow Society, Boston 1790
13. A long Appendix by various Authors.

The above constitute the articles published in the first number of the Society's Transactions, and were published previous to the year 1800. The next number was not published till the year 1808. It contained

1. Dr. Fisher's discourse upon Narcotics mentioned among the annual dissertations.
2. An account of a case of ruptured Uterus. By Oliver Prescott, F. S.
3. A case of compound dislocation of the Tibia. By Richard Hazletine, F. S.
4. Narrative of a case of preternatural retention of urine, in consequence of external injury. By James Thacher, F. S.
5. History of a wound of the Femoral Artery. By John C. Warren, F. S.
6. Some observations on worms infesting the human body. By Joshua Fisher, F. S. & P.

In the second part,

1. Observations on the Lymphatic distribution of the lower extremities of women while in the puerperal state. By Dr. Wyer, F. S.
2. History of a Retroverted Uterus. By Edward A. Holyoke, F. S.
3. An account of a thread around a child's neck. By John Bartlett, F. S. Roxbury.
4. An account of an extravasated tumor on the labia pudendi soon after delivery. By Dr. Osgood, of Andover.
5. History of an Hemorrhage from a rupture of the left labium pudendi. By Dr. Nathaniel Appleton, F. S.
6. Case of Tetanus from the puncture of a tendon in the foot, cured by amputation. By Dr. Josiah Bartlett, of Charlestown.
7. A remarkable Uterine case. By Dr. George Osgood, of Andover.
8. Case of Strangulated Crural Hernia operated upon by Gimbernati, with observations on Hernia. By John C. Warren, M. D.
9. Case of Calculi in the bladder of a boy. By Dr. Josiah Bartlett.
10. On the Vesicating properties of the Potato-fly. By Dr. John Gorham.
11. A case of Schirrus testis, cured by electricity. By Matthias Spaulding.

Medical Intelligence :—Report on Vaccination, 50 pages.

Observations on Phthisis Pulmonalis and its cure. By Isaac Rand, M. D., &c.

The second volume, in addition to the business transactions of the Society, contains,

1. An elaborate report of 134 pages upon the Spotted Fever, which prevailed in New England from 1806 to 1810.
2. On the use of Sulphate of Copper in Uterine Hemorrhage. By Joshua Fisher.
3. On Menorrhagia and Leucorrhœa. By Dr. James Mann.
4. On the application of a red-hot iron in Lockjaw. By Thomas Babbett.
5. A dissertation on heat and cold. By Thomas Welsh, M. D.
6. View of the Mercurial Practice in Febrile Diseases. About 200 pages. By Dr. John Warren.
7. Eulogy on John Warren, M. D. By James Jackson, M. D.

The third volume contains, in addition to many of the annual dissertations, an article on the comparative view of the sensorial and nervous systems of man and animals. By John C. Warren, M. D.

The fourth volume contains, in addition to the Transactions of the Society and some of the annual dissertations,

1. A Biographical Memoir of Dr. E. A. Holyoke, by a committee of the Essex Co. Medical Society.
2. A dissertation on Intemperance, for which the prize of the Society was awarded. By William Sweetzer, M. D.
3. Observations on Abortion. By Enoch Hale, M. D.
4. Memoir of William Stoddard Williams. By Stephen W. Williams, M. D.
5. Observations on the nature and treatment of Cynanche Trachealis. By Charles Macomber.
6. An account of an operation for Emphysema Encystis Stœtoma. By John C. Warren, M. D.

The fifth and sixth volumes contain principally the Transactions of the Society, the annual dissertations of the fellows. A report on the Typhoid fever of New England, by Dr. James Jackson, and one by Dr. Enoch Hale, besides some other dissertations on medical subjects.

In addition to the above, the Society publishes annually a beautiful and useful medical volume, which is yearly distributed among the paying members of the Society. The annual fee of the fellows is three dollars, and more than half of it is refunded in the reception of these volumes. Under the head of Library of Practical Medicine, the following books have been published.

1. A Treatise on Fever. By Southwood Smith, M.D., Physician to the London Fever Hospital. Clinical Observations on Fever. By A. Twedie, M.D.
2. Principles of Surgery. By John Pearson, F. R. S. Surgical Observations on the Constitutional Origin and Treatment of Local Diseases and on Aneurism. By John Abernethy, F. R. S.
3. A Practical Treatise on Diseases of the Eye. By William McKenzie.
4. A Dictionary of Practical Medicine. By James Copland, M. D. Part 1.
5. Anatomical, Pathological, and Therapeutical Remarks on Gastro-enteritis, Putrid Aclymic, Ataxic, and Typhoid Fever. By Charles A. Louis. Translated by Henry J. Bowditch, M. D. Vol. 1.
6. Boylston Prize Dissertations for 1836. By Oliver Wendell Holmes, M.D., Robert W. Haxall, M.D., and Luther V. Bell, M.D. On the question, How far are the external means of exploring the condition of the internal organs to be considered useful and important in medical practice.
8. Dictionary of Practical Medicine. By James Copland. Part 2.
9. Green on the Diseases of the Skin.
10. Louis on Yellow Fever. Translated by H. J. Bowditch.
11. Collins's Midwifery.
12. Brodie on Diseases of the Joints.
13. Ashwell on the Diseases of Children.
14. Sir Astley Cooper on Dislocations and Fractures.
15. Dictionary of Practical Medicine, by Copland. Part 3.
16. Evenson and Maunsell on Diseases of Children.
- 17, 18, 19. Dictionary of Practical Medicine, by Copland. Parts 4, 5, 6.

The whole number of members and honorary members of the Massachusetts Medical Society, who have joined since the formation of it, is probably more than fifteen hundred ; and it is believed that at least one thousand members now belong to it, and they compose altogether the most respectable portion of the practitioners of Massachusetts, and much the largest portion of the physicians in the State. The Society has had an immense influence in regulating the practice of medicine in the State, despite of the opposing influence of the State government. Some little dissatisfaction has been found by the fellows in the distant parts of the State, from the supposed inequality of the influence of the members residing near the centre of the State ; but a new organization of the Society is about to be adopted this winter, which it is believed will be popular all over the State, and will do away whatever prejudices may exist. This Society has perhaps furnished

more delegates, and given more members to the American Medical Association, that grand model for all other medical Societies in the Union, than almost any other Society in the States.

In giving this slight notice of the Massachusetts Medical Society, I have been obliged to carry its history to the commencement of the middle of the nineteenth century, to keep up a continuous link in the history of the progress of medicine in this commonwealth. I now revert back to the history of the Medical College, connected with Harvard University. This school, as I have mentioned above, was established in 1782, with the following Professors :—

- 1782 Dr. John Warren, Professor of Anatomy and Surgery.
- 1783 { Dr. Benjamin Waterhouse, Prof. of Theory and Practice of Medicine.
- { Dr. Aaron Dexter, Prof. of Chemistry and Materia Medica.
- 1806 Dr. John C. Warren, Prof. of Anatomy and Surgery.
- 1809 Dr. John Gorham, Prof. of Chemistry and Materia Medica.
- 1812 Dr. James Jackson, Prof. of Theory and Practice of Physic.
- 1815 Dr. Walter Channing, Prof. of Obstetrics and Theory and Practice.
- 1817 Dr. Jacob Bigelow, Prof. of Materia Medica.
- 1827 { Dr. John White Webster, Prof. of Chemistry and Mineralogy.
- { Dr. George Hayward, Prof. of Surgery, &c.
- { Dr. John Ware, Prof. of Theory and Practice.
- { Oliver Wendell Holmes, Prof. of Anatomy, Physiology, &c.
- { Dr. H. J. Bigelow, Prof. of Surgery, &c.
- { Dr. J. S. B. Jackson, Prof. of

The whole number of graduates in this institution, from its incorporation to the year 1840, was 297. Probably more than 225 have graduated since that time, making 522. This is speaking within limits. The number of students for twenty years, from 1819 to 1839, according to Dr. Walter Channing in his letter to Dr. Beck, was 1797. Probably enough have attended before and since to make the number of matriculants 3000.

While now upon the subject of medical colleges, I may as well speak of the Berkshire Medical Institution, which was incorporated in the year 1823. Probably more than 700 have graduated there, and more than 2800 students have matriculated there.

PROFESSORS. Dr. Henry H. Childs, Prof. of Theory and Practice, &c.,
twenty-seven years.

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| | { | Dr. John P. Batchelder, Prof. of Surgery, Physiology, &c. |
| | { | Dr. Asa Burbank, Prof. of Obstetrics. |
| 1823 | { | Dr. John Delamater, Prof. of Materia Medica and Pharmacy. |
| | { | Dr. J. V. C. Smith, Prof. of Anatomy, Physiology, &c. |
| | { | Dr. Chester Dewey, Prof. of Chemistry and Natural History, 29 years. |
| | { | Dr. Stephen W. Williams, Prof. of Medical Jurisprudence, 9 years. |
| 1824 | { | John Ruggles Cotting, Lecturer on Chemistry. |
| | { | Dr. Lewis C. Beck, Lecturer on Botany. |
| 1827 | | Dr. Thomas Goodeell, Lecturer on Materia Medica and Pharmacy. |
| 1826 | | Dr. John D. Wells, Prof. of Anatomy, &c. |
| 1829 | { | Dr. Samuel White, Prof. of Surgery. |
| | { | Dr. S. P. White, Prof. of Surgery. |
| 1830 | | Dr. Willard Parker, Prof. of Anatomy, Physiology, &c. |
| 1832 | | Dr. Elisha Bartlett, Prof. of Materia Medica, Physiology, &c. |
| | | Dr. David Palmer, Prof. of Materia Medica and Pharmacy. |
| 1836 | { | Dr. R. Watts, Prof. of General and Speculative Anatomy. |
| | { | Hon. Henry Hubbard, Lecturer on Legal Medicine. |
| | { | Dr. Robert Nelson, Prof. of Anatomy and Physiology. |
| | { | Dr. Frank Hamilton, Prof. of Principles and Practice of Surgery. |
| | { | Dr. James M'Clintock, Prof. of Anatomy and Physiology. |
| | { | Dr. Alonzo Clark, Prof. of Special and General Pathology. |
| 1839 | { | Dr. Moses A. Lee, Prof. of Materia Medica and Pharmacy. |
| | { | Hon. Jacob Collamer, Lecturer on Medical Jurisprudence. |
| | { | Dr. Benjamin Rush Palmer, Prof. of Anatomy and Physiology. |
| | { | Dr. Gilman Kimball, Prof. of Surgery. |
| | { | Dr. Edward M. Moore, Prof. of Principles and Practice of Surgery. |
| | { | Dr. Edward H. Brown, Prof. of Mat. Med. and Medical Jurisprudence. |

In the erection of hospitals for the reception of the sick, the insane, the blind and the deaf, Massachusetts is prominent and active. The Massachusetts General Hospital is an honor to our State, and to its munificent founders. The cornerstone of this immense building in Boston, was laid in 1818. I have not now time to enter into a more minute detail of the history of it, nor of the McLean Asylum for the Insane, connected with the Asylum for the Insane at South Boston, nor of the great State Asylum at Worcester. Nor will time allow me to speak of the Eye and Ear Infirmarys, and other charitable institutions connected with our profession in Massachusetts.

A notice of the written productions of *some* of the most

distinguished writers in the State, so far as we have been able to trace them, would show that Massachusetts stands professionally high in intellectual accomplishments. In conclusion, if a statement as minute as the preceding could be obtained from every State in the Union, we would have a pretty perfect history of Medicine in America, which is a desideratum.

Deerfield, Mass., Dec. 1, 1848.

ART. II.—*Fibrous Tumor of the Left Ovary, successfully removed by the Large Abdominal Section.*—By W. H. VAN BUREN, M. D., one of the Surgeons of Bellevue Hospital, of St. Vincent Hospital, etc., etc.

ABOUT the middle of October, 1849, I was visited by a respectable young woman and her mother, the latter of whom gave the following account of her daughter's complaints: In the first place, she said that her daughter had never menstruated, but had not experienced any marked inconvenience from the absence of the usual monthly discharge. She was now twenty-one years of age. Five years ago she first perceived a small, hard, movable lump in the lower part of the belly, on the left side, which slowly increased in size, approaching meanwhile the median line, and causing an appearance externally of gradual enlargement of the abdomen. In three years it had increased to its present size, and since then, she is of opinion, that it has not materially enlarged. About this period, however, owing apparently to the pressure applied to the abdomen by her mode of dressing—with the view of concealing its unsightly prominence—she began to be troubled by a protrusion from the genitals, which was now a source of excessive annoyance; so that with the mortification caused by the abdominal enlargement, and the annoyance of the protrusion, which interfered with her walking, she was determined to submit to any means that promised relief. She was a young woman of fine appearance, and a recent opportunity which had offered, of changing her mode of life, contributed also to induce her to seek for aid.

Her general health had always been excellent, and her

family rather remarkable for vigor of constitution, to which she was apparently no exception.

On examination, I found the abdominal cavity occupied by a large, uniformly hard, spherical tumor, about the size of the head of an adult. It occupied the centre of the belly, and was exceedingly movable. In fact, it could be turned almost entirely over on its own axis, in attempting to roll it from one side of the abdomen to the other. The hands could be readily passed under the tumor, on every side, when the patient was lying on her back, and it could thus be lifted, as it were, from its bed. It lay, ordinarily, in contact with the symphysis pubis, but the fingers could be insinuated beneath it on this aspect, without difficulty, and it could be forced upwards at least four inches from the pubes. Between the thighs lay the inverted vagina, and the uterus, in a state of complete *procentia*, forming a tumor, which protruded more than four inches from the vulva. At the most dependent point of this tumor was, of course, the os uteri, into which I introduced a female catheter, which penetrated, to my surprise, to the distance of five and three-quarter inches, before it came in contact with the fundus of the organ. This singular circumstance, which I subsequently verified on several occasions, I attribute either to elongation of the cervix and body of the uterus, resulting from its having been forced through the narrow *ostium vaginae* of a virgin, by the superincumbent weight of the tumor; or, inasmuch as the patient has never menstruated, the uterus may be congenitally malformed.*

The tumor, moreover, presented neither the ordinary shape nor feel of a uterus in a state of *procentia*; it communicated to the fingers the idea of a long fibrous cylinder, about an inch in diameter. The os was perfectly healthy and natural in appearance, and contained some of the transparent and glutinous secretion of the follicles of the cavity of the cervix.†

* Such a malformation, i. e., an unnaturally elongated uterus, is occasionally met with; in fact, I have seen an instance within the year, in a young woman who died at Bellevue Hospital, of organic disease of the kidneys, under the care of my friend, Dr. B. W. McCready.

† The whole tumor could be readily reduced into the cavity of the pelvis, where it would remain as long as the patient preserved the horizontal position, but as soon as she rose to her feet, it would come down again.

On grasping the uterus as it lay between the thighs firmly with one hand, whilst with the other the abdominal tumor was pushed as far and firmly as possible upwards towards the diaphragm, no impulse could be recognized as communicated by one hand to the other; and at the time, when the greatest amount of force was applied, the two hands were fully eight inches distant from each other, thus affording fair demonstration that the attachments of the tumor to the uterus were susceptible of considerable elongation, which circumstance, taken in connection with the extreme mobility of the tumor, rendered it almost certain that the pedicle by which it was attached to the uterine apparatus, was both long and slender. When the uterus was restored to its normal position, the lower edge of the tumor was distinctly felt from the vagina, and its probable connection with the left ovary recognized. This was confirmed by the origin of the tumor in the left iliac region, and by the result of a rectal examination in the upright position, by which means a knobbed projection from the tumor was distinguished, which was supposed to be the left ovary.

After this somewhat thorough examination, I informed my patient and her mother of the nature of the protrusion from the genitals; that it depended upon the weight and growth of the tumor of the abdomen, and could not be remedied with any certainty whilst the tumor remained in the belly; that there were no medical means capable of removing the tumor, but that such tumors had been removed by a surgical operation, which, however, was attended with imminent danger to life. She immediately testified her willingness to incur any risk which was accompanied by a prospect of relief. I then explained to both parties, as clearly as I was able, the probable course of the disease, and the amount of risk to life involved in the operation, and requested them to consider the subject maturely, and to inform me at the end of a week of their conclusion; meantime, at my request, the patient was examined by my father-in-law, Professor Mott, and by my excellent friends, Prof. Parker, Doctors J. P. Batchelder, Metcalf, Markoe and V. Mott, Jr., who all concurred in the opinion that, owing to the extreme mobility of the tumor, and its apparently slender connection with the uterus, or its appendages, the case was a

peculiarly favorable one for operative interference, if such interference were in any case justifiable.

The evident absence of any extensive connection of this solitary tumor with any of the abdominal viscera, its apparently purely fibrous character, and the absence of all suspicion of any thing carcinomatous in its nature, together with the excellent constitution, and quiet, determined character exhibited by my patient, induced me to think very favorably of acceding to her request, and of submitting her to an operation. Her opinion that the tumor had not increased in size since the appearance of the *procidenta uteri*, I satisfied myself was fallacious. The efforts she employed to compress her abdomen within moderate dimensions, had evidently forced the tumor more into the cavity of the pelvis, and in so doing had extruded its natural contents, whilst the enlargement of the abdomen was apparently arrested. From the gradual increase in the size of her dresses, it was only too evident that the disease was steadily growing. Having satisfied myself thoroughly on this point, I concluded that, if she adhered to her determination to submit to an operation, after the full and fair statement that I made to her of the risk incurred, I would undertake the removal of the tumor; and accordingly, when at the expiration of the week, she returned and announced her determination to undergo the operation, I requested her to confine herself to a diet of bread and water for a week, and promised at the end of that time to do what I could for her relief.

On Monday, Oct. 29th, she took a full dose of *Ol. Ricini*, which was repeated on the following Wednesday; on both of these days at the hour of my visits (1, P. M.), her pulse beat 76 in the minute, even after I had informed her, on the second visit, that I would perform the operation at the same hour on the following day.

On Thursday, Nov. 1st, at 1 o'clock, P. M., I proceeded to the operation in the presence of the gentlemen named above, with the addition of Dr. Welford of Virginia, Prof. J. F. May of Washington, Drs. Isaacs, Fleet, and Kingsbury, and my pupils, Messrs. Page, Cunningham, Doneghy, Wilson, Turnbull, Vollum, and Hanners; and with the especial assistance of Dr. James R. Wood, and Messrs. Page, Cunningham, and Hanners.

My friend, Dr. John T. Metcalfe, for whose advice and assistance I am also much indebted in the after treatment of the case, administered the chloroform with his usual skill and success. The patient, who had not been allowed to eat any food for five hours previously, was rendered insensible in an adjoining apartment, and immediately before commencing the inhalation, she was requested to empty her bladder as perfectly as possible, and Dr. Metcalfe noticed that her pulse at this time, as before, was 76. It was about 65 when she was placed upon the table, nor did it vary materially from this rate, or in quality, during the hour and fifteen minutes that she was kept under the full influence of the anæsthetic; for she was not allowed to suffer the slightest pain, until some minutes after she was again replaced in bed, after the completion of the operation, the dressings, and the changing of her clothing.

After carefully replacing the uterus and vagina in their natural position, I made an incision on the *linea alba* ten inches in length, and cut carefully down to the peritonæum, tying or twisting all the vessels that gave blood, in order that as little as possible should escape into its cavity. This incision, after opening the peritoneum, and slitting it upwards and downwards with a probe-pointed bistoury to the full extent of the external wound, I was obliged to prolong fully two inches, before the tumor, with some effort, could be forced through it into the world. At this moment we recognized with regret, that the omentum was adherent to the superior surface of the tumor, over a space as large as the open hand. This was quickly detached, the scalpel being carried as closely as possible to the periphery of the tumor; three vessels of the omentum, required ligatures—of which both ends were cut off close to the knot, and the remaining portions returned to take their chance in the cavity of the peritoneum. The omentum detached, we turned to the pedicle of the tumor, and found to our gratification that it was slender, as was anticipated, consisting in fact of the left broad ligament of the uterus, singularly elongated and attenuated. This I proceeded to detach from the tumor, still cutting close to its surface, and tying five arteries of considerable size as they were divided. The cut surface on the tumor left by the division of this solitary attachment

to the uterus, measured a half inch by two and a half inches. The tumor being thus removed, its pedicle, some six inches in length, with five ligatures attached near to its fimbriated extremity, and containing, palpably, the fallopian tube in its substance, was left protruding through the wound. This it was proposed to include, at its middle, in a solitary ligature, removing the distal portion, and dividing carefully the peritoneum on the uterine side of the ligature, in order to avoid strangulation,—thus substituting one ligature for five. This was accordingly done, and the fimbriated extremity of the fallopian tube, together with the point of attachment of the tumor to the broad ligament, was cut away. In the portion remaining there was no trace of an ovary. We took the liberty of examining into the condition of the right ovary, and the fundus of the uterus, both of which felt and looked as they should, nor was there any farther trace of morbid growth to be discovered.

After this rapid exploration, which was all that was deemed justifiable, we proceeded to replace the omentum and to close the wound. This was effected by the introduction of seven full-sized "Carlsbad insect pins" at equal intervals, around which were applied strands of soft coarse darning cotton, as recommended by Dieffenbach. Strips of adhesive plaster were accurately applied in the intervals, and the solitary ligature from the peritoneal cavity was brought out at the lower angle of the wound. A little scraped lint along the incision, a longitudinal compress, and a carefully applied bandage around the abdomen, completed the dressing. After changing some portions of her dress, our patient was carried to her bedroom, and was left, with but one attendant near her, in perfect quiet, until consciousness should return. At this time her pulse was seventy-five in the minute, and natural in quality.

During the operation, and whilst we were separating the omentum from the tumor, some mouthfuls of greenish watery fluid were ejected by the stomach, and a slight effort at vomiting was noticed once or twice afterwards at intervals. With this trifling exception the patient was perfectly quiet throughout, and the influence of the chloroform was every thing that

could be desired. The peristaltic action of the intestines, usually so troublesome to the assistants in operations of this sort, was in our patient not observable; the bowels during the time of their exposure were as quiet and passive as those of a *cadaver*. The action of the abdominal muscles was hardly noticeable, even during the effort at vomiting.

When the peritoneum was first opened, there was a slight gush of serous fluid, of which there seemed to be about $\frac{3}{4}$ in its cavity. The amount of blood that escaped into the cavity of the peritoneum did not probably exceed $\frac{1}{2}$, and this was principally from the veins of the tumor, whilst being separated from its connections. The quantity was so slight that I did not think it worth while to use the sponge for its removal.

After the attachments of the omentum to the tumor had been divided, it was noticed by Dr. Wood that there was a double twist in its pedicle, and it was necessary to turn it over, completely, twice, before the broad ligament was recognized in its proper aspect. This twisting of the pedicle was no doubt owing to the fact that the tumor had been made to revolve on its axis more than once, at some former period, before the omentum had contracted adhesions to it; and these omental adhesions were probably the only obstacle that prevented me from turning the tumor completely over on my first examination of the patient.

Another circumstance remarked during the operation, was the greatly increased thickness of the peritoneum lining the abdominal walls; this, together with the omental adhesions, and the serum in its cavity—all products of inflammation—would seem to be attributable to the irritation caused by the size of the tumor, and to the somewhat rude attempts of the patient to diminish it by pressure.

On turning our attention to the tumor, which the comfortable condition of our patient allowed us to do as soon as she was removed from the room, it was found to weigh, as nearly as possible, seven pounds, avoirdupois, and to measure twenty-three inches in circumference. On its surface were two irregularly shaped commencing cysts, each about the capacity of $\frac{1}{2}$, containing ordinary serum. At the point where the

pedicle was attached was the knobbed projection, the size of half a billiard ball, which had been felt from the rectum. On laying the tumor fairly open, its structure was to all appearance, purely fibrous, and that of the knobbed projection was similar in all respects to the rest of the tumor. Its substance was uniformly very dense, permeated by some large venous sinuses, and apparently well supplied with blood-vessels, some of which retaining their contents, made vascular patches on the cut surface; otherwise its color in the interior was of a dead white. Here and there on the cut surface a minute sac, or vesicle, the size of a very small pea, was to be seen laid open by the knife.

I may state here, that the structure of the tumor has been since examined microscopically, by my kind friend Professor A. Clark, of the College of Physicians and Surgeons, of this city, to whose pathological skill, in common with many of his professional brethren, I have been not unfrequently indebted; and that his examination reduces its purely fibrous character to a demonstration. It consists of fibres, interlacing each other in every possible direction, with minute and uniformly angular interspaces, and of no other histological element whatever. Not a cell was discovered in its structure; and this circumstance, as well as its mode of growth, forbid the idea of any thing cancerous in its nature, or of its probable reproduction. I may also state, that the structure of the tumor, with the numerous minute cysts scattered throughout its substance; its position and attachments, and the source of the vessels supplying it with blood, together with the fact that there is no other ovary on the left side, render it extremely probable that the tumor is nothing more nor less, than the left ovary in a state of fibrous overgrowth, or degeneration. And, judging from the commencing cysts on its surface, that it would have developed itself sooner or later in the form of a classical ovarian dropsy.

To return to our patient. Within ten minutes after she was placed in bed, she began to complain of burning pain in the abdomen, and of chilliness. I found her surface cool and dry, with a pulse increasing in frequency, and administered at once $\frac{3}{4}$ gr. of reliable sulphate of morphia in solution, with bottles of hot water to the feet.

At 3½ o'clock, P. M., her consciousness having perfectly returned, I informed her that the operation had been completed; at which she evinced considerable surprise and satisfaction; and that thus far she was perfectly safe, cautioning her to keep herself as quiet and composed as possible, and to endeavor to sleep.

I then left her in charge of Mr. Page, with directions to repeat ¼ gr. of morphia, if she still complained of pain at the end of two hours.

At 6 o'clock, P. M., she got ¼ gr. morphia.

7½ o'clock, P. M.—Still complains of slight general uneasiness, and of pain in the back. Pulse 108—full and soft. Skin pleasantly warm. Pupils rather large. Disposed to sleep. To have cold water in small quantities, and cracked ice during the night.

Friday, Nov. 2d, 9½ o'clock, A. M.—Patient has been quiet and free from pain during the whole night. She slept quietly and uninterruptedly from 11 o'clock till 2 o'clock this morning, and also at shorter intervals, asking occasionally for water. At 7 o'clock, A. M., she passed about f. 3xij of dark-colored urine without pain. At 8 o'clock she complained of nausea, and ½ gr. of morphia was given in solution, according to direction, which was vomited in fifteen minutes. Complains now of a sense of general oppression, and occasional difficulty in breathing. Attitude and pupils natural. Skin moist and pleasant. Pulse 102, very slightly tense.

To take toast water and ice, and repeat morphia on any increase of pain.

7 o'clock, P. M.—No pain of consequence; disposed to sleep. Thirst considerable. Surface hot, with occasional moisture. Pulse 115, soft. Pupils natural. No change in treatment. Repeat morphia if pain or uneasiness increase.

Saturday, 3d, 9½ o'clock, A. M.—Was restless after evening visit, and took gr. j. morphia at 12½ o'clock. This morning is heavy and drowsy. Pupils smaller. Tongue dry and furred. Pulse 112, and less full. Skin warm and moist. No pain or restlessness. Continue toast-water and ice, and add very thin arrow-root, as a drink occasionally.

8 o'clock, P. M.—Dr. Metcalfe present. Patient has been

fretting at the delay of our visit, and is alarmed at some swelling of the abdomen, which is evidently caused by wind in the bowels. The influence of the morphia has begun to subside. Her attitude and aspect are natural. Pulse 112, soft. Respiration 17. Skin moist. Her mind was quieted; gr. j of morphia administered, and tepid catnip tea ordered for drink during the night.

Sunday, 4th, 10 o'clock, A. M.—Has been somewhat restless and thirsty during the night, but free from pain. Passed wind freely *per anum*. Passes water freely and frequently. Pulse 112, soft. Respiration 16 (asleep.) Skin moist. Drowsy.

No change in treatment.

Thus far her decubitus has always been natural, and there has been no pain on pressure of abdomen.

12 o'clock, M.—There is now more restlessness and anxiety than she has yet shown. Attitude natural. Slight pain on pressure of belly, with occasional shooting pains. Her pulse is 120. Skin hot. Morphine sulph. gr. j in solution.

6 o'clock, P. M.—She is easy and comfortable; complains of no pain whatever, even on pressure of abdomen. Less thirst. Skin moist. Pulse 106, soft. Respiration 16, sighing. Pupils small. Not particularly drowsy. Continue catnip tea and arrow-root.

Monday, 5th, 10 o'clock, A. M.—Still comfortable; complains only of weakness. Pulse 110, softer. Skin more moist. Respiration 16, sighing. Bowels somewhat distended with wind. Barley water, with lemon; strong aniseed tea for drinks; arrow-root.

8 o'clock, P. M.—Took gr. j morphia at 12 o'clock, M. Complains of a feeling of weakness and oppression. Pulse 108; quite soft. Respiration 6, sighing. Pupils smaller than natural. No swelling of belly. Urine passed naturally. Tongue white, furred and moist. Barley water during the night.

Tuesday, 6th, 9½ o'clock, A. M.—Has had a good night, and is quite cross and fretful this morning. Complains only of weakness, and of the irksomeness of confinement. Pulse 106. Skin moist. Respiration 14. Thick white fur on tongue. Removed bandage and compress from abdomen, and

withdrew two of the pins. Union is complete, except where the ligatures pass out. At one of these points a small quantity of fetid pus had collected between the integuments. Some wind in bowels. R Magnes. Sulph. ʒj. Sp. Ætheris. Nit. ʒss. Ac. Sulph. Arom. ʒij. Aquæ Menthæ ʒiiijss. Syr. Zinziberis ʒij. M. Take a table-spoonful every hour. Barley water with raisins and strong aniseed water for drink. Arrow-root and milk for diet.

Wednesday, 7th, 10 o'clock, A. M.—No complaint except of wind and griping in bowels. Aphthæ on tongue and mucous membrane of mouth. Tongue is red and sore. Pulse 96. Skin natural. Removed another pin. Continue medicine, and chicken water in addition to other food.

7 o'clock, P. M.—Still complaining of wind and pain of bowels. No motion as yet. Otherwise doing well. Administered very gradually, a large enema of strong catnip tea and salt, which brought away three or four copious liquid motions, with much relief. Continue diet. No medicine.

Thursday, 8th, 10 o'clock, A. M.—Has had an easy and comfortable night, and is doing well in every respect. Dr. Metcalfe has seen our patient with me daily since the third day. To-day we removed the dressings and the remaining pins. The union is complete, except where the ligatures pass out. Pins replaced by long strips of adhesive plaster.

Continue chicken water and arrow-root.

From this date our patient continued to improve regularly and steadily without a bad symptom. The smaller ligatures came away early, and on the 19th day, the large ligature from the broad ligament, separated on slight traction. The apthous inflammation of the mouth yielded after a few applications of the *Mel Boracis*.

A binder carefully applied to the abdomen, was continued until the 1st December, when a laced bandage which had been accurately fitted to the part, was substituted for it, and she was allowed to get out of bed, and gradually to assume her usual habits.

My attention, at this time, was anxiously directed to the uterus, for it was yet to be ascertained whether its recently formed adhesions would retain this organ in its normal posi-

tion in the pelvis, or whether it would again descend, as she resumed the erect position, and to what extent. I examined her daily, *per vaginam*, and satisfied myself in a few days that artificial means would be soon required to prevent it from changing its position. At first the uterus maintained its normal position perfectly, but shortly the os began to approximate to the vulva, and at the same time she complained much of uneasy sensations and dragging pains in the pelvis, and experienced a strong disposition to bend the body forwards in walking. The mucous lining of the vagina was also somewhat prolapsed around the vulva, in consequence of the previous elongation of its connections. Accordingly I selected, and on the 10th December applied, a spherical caoutchouc pessary, two and a half inches in diameter, which seemed to me to be the instrument best adapted to the case. I am pleased to find that since this instrument was placed in the vagina, she has ceased to suffer pain, and walks perfectly erect, and with a feeling of confidence unknown to her for some time before.

I have seen our patient within a few days, and am happy to state that, with the exception of the necessity of wearing the pessary which I apprehend will continue but for a limited time, and which at the present causes not the slightest inconvenience, she is in the enjoyment of perfect health, and expresses in very strong terms her gratification at the improvement in her condition.

In connection with the foregoing case, of which I have endeavored to give an accurate and truthful record, without entering into unnecessarily minute details, I am desirous of noticing one or two points in its treatment, which seem to me to possess especial interest.

It will have been observed, no doubt, that opiates were employed with unusual freedom after the operation, and until all danger of inflammation had passed, and this mode of treatment was carried out under the conviction, which I have long possessed, that in almost all forms of abdominal inflammation, opium is our most reliable remedy. This point in therapeutics, which I believe was first insisted upon by Gooch, I have frequently tested to its fullest extent, with the most satisfactory

results. It was, in fact, the confidence I felt in the power of opium to prevent inflammation of the peritoneum, and in the influence of chloroform to avert the danger of shock to the system, that induced me to undertake the performance of an operation, of which I hold no very high opinion, and which, even in so inviting a case, I should have hesitated to do without the sanction of my surgical friends.

There is, I conceive a very close analogy between the influence exerted by opium and chloroform in averting the injurious effects of violence inflicted upon the organism,—as for example, by a severe surgical operation. I have witnessed the abdominal viscera of a delicate female exposed to the air by an incision sixteen inches in length, for more than half an hour, handled, sponged, and bathed in the contents of ruptured ovarian cysts, whilst the pulse beneath my finger (as in the case which I have just recorded,) did not vary from 75 beats in the minute, and characterized by all the rhythm, regularity, and volume of health; and this not succeeded by any collapse on the return of consciousness. It would be hard to believe, that a state of things similar to this could exist, unless there were some protective agency extended to the nervous centres, rendering them unconscious, as it were, of the amount of injury being sustained by the system. Unless I deceive myself I have witnessed this same effect from the chloroform, in a very considerable number of instances.

When chloroform is only partially administered, as is frequently done through fear of its full influence, its good effects in averting the shock of injury, are not experienced to the same degree: painful excitement, restlessness, and discomfort to the patient and operator, together with an unpleasant idea of the effects of the remedy to the lookers on, are frequently the only results.

With regard to the use of opium as an anti-phlogistic remedy, the same is true: inefficient doses excite the nervous centres, increase the discomfort of the patient, and fail entirely in their object. When the remedy, on the contrary, is administered freely, but always intelligently—the state of the pupils, the respiration, and above all, its influence in keeping down pain, being closely watched;—I believe that it possesses

the power of preventing the development of inflammation, as fully as chloroform will prevent the shock of an operation.

In accordance then with these views, I attempted the treatment of this case. The influence of the chloroform in preventing shock from the operation, was certainly all that could be desired, and my guide afterwards in the administration of the morphia was simply the existence of pain. Enough was exhibited to keep down all expression of abdominal pain, without regard to quantity. The influence of the full dose given on Sunday, (4th Dec.) the fourth day, at 1 o'clock P.M., was particularly striking. This was evidently, as will be seen by referring to the record, the critical period of the case, and a highly respected friend who saw the patient at 12 o'clock, M., an hour before, did not hesitate to inform me, that things began to look seriously, and that the lancet might be required. There was restlessness, hot skin, pulse of 120, and lancinating pains in the abdomen. At no other visit were there so many unpleasant symptoms present in the case. A grain of morphia was administered at 1 o'clock, and at the evening visit, when the patient's condition I felt would decide her fate, I approached her bedside with no little anxiety. She had no pain; a soft, moist skin; a pulse of 106; small pupils, and her respiration was sighing, and 16 in the minute. I recognized in these symptoms that the danger was past, and that she was under the full influence of opium. From this time she did well, and in a few days the opium was discontinued. It seems to me, then, difficult to resist the conclusion, that the opium, as well as the chloroform, had a large share in bringing about the favorable termination of the case.

With regard to the statistics of the operation of Ovariectomy in our own country, I have knowledge of 36 operations performed up to the present time, of which the issue of 14 has been fatal. Of these, 5 have been done in this city; three of them, which have never been recorded, terminated fatally from peritonitis; the remainder were perfectly successful, viz.: that of Dr. D. L. Rogers, and the case now recorded.

No. 123 Bleeker-street, 26th January, 1850

ART. III. *Report of a Case of Premature Labor artificially induced, with Successful Results, at the Seventh Month of Gestation, on account of Contracted Pelvis.* [Read before the Rensselaer County Medical Society, at the Semi-Annual Meeting, January 7th, 1850.]

By THOMAS W. BLATCHFORD, M. D.

Mrs. M., thirty-one years of age, short and thick set, of sanguine temperament and good constitution, was married Dec. 25th, 1845. On the 11th of September, 1846, I was sent for to attend her in her first confinement. The membranes had broken early in the morning, and without pain; pains however soon succeeded, and when I first saw her they were regular and quite severe. Upon examination *per vaginam*, the os tinæ was found but little if at all acted upon, and it was not until the second day that the dilatation was sufficient to ascertain that the head presented. After bleeding and a full dose of opium, dilatation progressed more rapidly, and was completed about the end of the second day, but notwithstanding the pains for the most part had been severe and forcing, with very short intervals of ease, at the close of the third day the head had progressed only through the upper strait. It now became very doubtful whether labor could be terminated without instrumental assistance. The advice of able counsel was now sought. In consultation it was agreed that inasmuch as the head still receded a little upon pressure, the pains still very forcing, the pulse firm and good, and no marked signs of prostration present, we should still leave the case to nature for a few hours longer. At nine o'clock A. M. we met again. The pains had continued unabated. The head was found about in the same position, but it now seemed completely impacted. The scalp was soft and patulous, no foetal motion discernible upon examination *per vaginam*. Yet the patient said she distinctly felt life, and the stethoscope confirmed the assertion. Her pulse was somewhat quickened, and she had become very restless, and anxious that the child should be taken away immediately with instruments. We attempted the introduction of the forceps, but the pressure between the bones of the head and those of the pelvis was so great, that their introduction became impossible without endangering the

soft parts of the mother. The vectis was tried, but with no better success; and the only alternative was the perforation and the blunt hook, which effected delivery after about half an hour's effort. The child had been dead long enough to smell offensive, and the cuticle was detached in several places. It weighed a little over six pounds. In tracing the umbilical cord for the placenta, it was discovered that a bag of water presented. It was that of a second child and a footling case. The membranes were ruptured, the feet grasped, and labor terminated within about five minutes. The child was in a state of asphyxia, and remained so several minutes, but perseverance in the use of the hot spirit bath, and artificial respiration, at length restored it to life. It weighed four pounds, soon became vigorous, and grew finely, and is now, 1850, a very healthy girl between three and four years of age.

In about fourteen months after that time, Mrs. M., whose health had been excellent, found herself at the full term of a second pregnancy. On the 26th of November, 1847, labor commenced. It progressed much after the same manner as before. It was introduced by the rupture of the membranes. The capacity of the pelvis seemed less if possible than at the first confinement. It did not appear deformed at any one particular point, but of contracted dimensions in every diameter. After the first twenty-four hours her pains were almost constant, seldom affording her a five minutes' interval of ease. The tardy dilatation of the os tincæ did not seem to interpose any very serious obstacle to the descent of the head, (the head presented,) for it was about as slow after perfect dilatation had taken place as it was before. Bleeding as before was resorted to, but with very little apparent benefit, except in preventing inflammation. Opium she refused to take, in consequence of some unpleasant symptoms which before resulted from its administration.

Nearly seventy hours had now elapsed, and the prospect of delivery without instrumental assistance, seemed as remote as ever. The strength of the patient became exhausted. Her pulse was over a hundred. She insisted that she had not "felt life" for two days, and no signs of life were discoverable either by taxis or stethoscope. The entreaties of both patient and

friends became urgent to have me terminate labor as before. At this stage further medical advice was requested. After a careful examination into the case, it was determined to wait no longer, but to use the perforator at once, as offering the only safe course for the mother. The perforator was introduced; the brain and most of the bones of the cranium were extracted, and yet nearly two hours were consumed before labor was terminated. The child weighed nearly eight pounds, and did not exhibit any signs of having been long dead. The patient recovered after an unusually short confinement, and felt no other inconvenience than a slight laceration of the perineum, which healed entirely in about two weeks.

From these two trials it became very evident that Mrs. M. could never have a living child of ordinary size at maturity. We were therefore necessarily driven to the conclusion, that this was one of those cases which would justify the induction of premature labor, at a period when the viability of the child might be reasonably calculated upon. Accordingly she was now promised, that should she ever again become pregnant, labor should be brought on at the seventh month, when the child would not probably weigh over four or five pounds, and when its life would not necessarily be endangered. She was further told that her labor would in all probability be very short, terminating after a very few hours' continuance.

During the last summer it became evident to friends, that Mrs. M. was again pregnant. She was last unwell 5th May. What doubts she may have entertained herself, were all dissipated when she felt life, the last of September. Very soon she sent for me, and reminded me of my promise. As the seventh month approached, she became increasingly anxious about her situation, and desirous to have labor induced, just as soon as we thought it would answer. Her health had been excellent. She had experienced no other inconvenience from her situation than an obstinate costiveness, and rather an unwieldy weight of abdomen. She was unusually large for one at seven months. Her size was thought to be greater than that of most women at nine months.

On Wednesday, 5th of December, 10 o'clock, A. M., being just seven months since she was last unwell, and two and a

half since she quickened, every thing being in readiness, with the assistance of Dr. Robbins, half a pint of "tar water" was injected into the womb through a large-sized male catheter, moderately curved, and by means of the syringe of a common self-injecting apparatus. The patient was placed upon her left side, with her knees separated. The fore-finger of my left hand placed upon the posterior lip of the os tincæ, guiding the catheter in its introduction. It passed without the least resistance from two to two and a half inches within the uterus, occasioning not the slightest pain. No fluid escaped from the catheter. The patient then turned upon her back, and was requested to take hold of the catheter herself, and not suffer it to move either backward or forward, which she did. The syringe was then attached to the catheter, and the injection slowly and cautiously passed, to avoid, if possible, the rupture of the membranes. Upon detaching the syringe, a few spoonfuls of fluid escaped through the catheter, tinged with blood, which at first we feared was the liquor amnii. The operation lasted but a few moments.

After remaining about ten minutes in a recumbent posture, she was permitted to get up, which she did, and moved about the house as usual, experiencing no other inconvenience than a constant draining from the vagina, of a small quantity of a fluid slightly tinged with blood, and tainted with tar, and a sense of weight as if, to use her own expression, "the child had settled down."

Nothing unusual occurred until Friday evening, the seventh, when she was suddenly taken with a chill and rigor, which lasted nearly two hours, accompanied with severe headache. It was succeeded by slight fever. She, however, rested tolerably well during the night, having bathed her feet, and taken an active cathartic.

Saturday morning I found her very comfortable, as much so as she had been for weeks, with the exception of the slight draining before mentioned, which, however, she said was not sufficient to require her to wear a napkin. At eleven o'clock, however, and after the operation of the cathartic, she was taken in labor. The pains at first were few and far between, until about one o'clock, P. M., when they became quite

violent and frequent. At two o'clock the membranes gave way during a hard pain, and a very large quantity of water was discharged. The nurse and patient both say, more than two quarts. It diminished her size very much; so much that when I entered the room, having been sent for in haste, I was saluted with "Doctor, see here, I have had my baby, and it is all water." The effect of this large evacuation was to give almost entire relief from pain. Upon examination *per vaginam*, no impression had apparently been made upon the os tincæ. During the afternoon and evening she continued free from any severe pain, and rested that night quite as well as she did the night previous. She felt occasionally a heavy bearing down sensation, and once in a while an acute pain in her back; occasioned, she said, by the uncommon motion of the child. If I could give her any thing to make that lie still, she was sure she should not have any pain.

By a little after eight o'clock, Sabbath morning, her pains again returned, at first slight and not very frequent, but they soon became very regular, the interval being about five minutes. An examination at this period detected no change upon the os tincæ. The point of the finger could hardly enter it, still the soft parts were not at all heated, and they were now well lubricated. It became evident that she was even now to have a tedious labor, notwithstanding the caution used. It was not until noon that dilatation could be said to have fairly commenced. The pains, though regular, did not assume any very great degree of severity until about five o'clock, when they began to be very forcing. She complained mostly of her back. Dilatation now went on more rapidly, and by eight o'clock the head could be felt forcing its way through the upper strait. From this time until about one o'clock, the pains were very severe, and yet very little progress had apparently been made toward the completion of labor. Dilatation, however, was now perfect. So far so good. But the patient, hitherto firm and resolute, began to manifest signs of restlessness and impatience, and her spirits evidently began to flag. If she could have pain any where besides in her back, she said she could bear it without a complaint. Her cry, and that of some friends, was for me to terminate labor immediately by

instruments, or give her something to put her out of misery ; she wanted "to die and not live," &c. &c.

The head was slightly movable, receding a little after each pain, advancing, however, but little, if any further, during a succeeding effort. I was tempted at this stage to administer the ergot, or to employ the vectis, but the evident viability of the fœtus, the perfect dilatation of the os uteri, the thorough lubrication of the soft parts, and their entire freedom from any undue heat, together with the undiminished energy of the pains, and with all the comforting knowledge that a small child had once passed through the same aperture, encouraged my non-interference. Besides, I must confess, I felt a mighty unwillingness to resort to any aid, either medicinal or instrumental, in a seven-month case, or do any thing whereby I might endanger the life of the child, so long as the mother's safety did not clearly require it. Under these circumstances, therefore, I determined to leave the case still longer to nature. More than once I regretted the promise I had given her of having an easy time. I was often twitted about it, and asked if "I called that a quick and easy time," &c.

From about half past 1 o'clock, the pains were nearly continuous, and at times exceedingly severe, resembling much, those induced by the administration of ergot, and thus they continued increasing in force and severity if possible, until half past two, A. M. (113 hours from the time the tar water was injected,) when she was delivered of a plump and vigorous child, loudly vociferating its own advent. It weighed nearly four pounds. The placenta soon followed. The secretion of milk was established in the usual time, and the child required no lessons of instruction to draw it, taking the breast as promptly and as eagerly as if it had been a nine, instead of a seven-month's production. The mother recovered without any unpleasant symptoms whatsoever. The almost necessary "soreness and stiffness" after so much exertion, soon passed off, and in ten days she was up and about her room, and in one fortnight dismissed her nurse, assumed the discharge of her domestic affairs, and has the satisfaction, to use her own expression, "of nursing her own infant, with as fair prospect of raising it as any other mother enjoys." Her sufferings, it

is true, were very great, but in her own estimation even, and in that of those who witnessed both, they were not near as severe as those she had before undergone.

To my mind the five methods of inducing premature labor given by Churchill, in his "system of midwifery,"—and he devotes a whole chapter to the subject, with which every one intending to operate would do well to make himself familiar,—did not seem to offer the advantages which the simple injection of "tar water" presented. The ergot might endanger the life of the child, about one half being still-born after its employment. To puncturing the membranes, and letting off the waters either suddenly or pausatim, necessarily subjecting the child to great pressure at a period when the tenacity of life is very feeble, there was the same objection. The contracted capacity of the vagina would not in this case permit the "introduction of the hand sufficiently far to detach the membranes with the finger" without causing excessive pain, or even to introduce into the os uteri the sponge of Klugè. An attempt to detach the membranes for an inch or two within the os, by means of a catheter, seemed almost of necessity to endanger the integrity of the membranes; and "abdominal frictions and manipulations, and the warm bath," seemed to be remedies entirely too domestic, unscientific and uncertain.

M. Cohen of Hamburg, the first I believe to propose injections, states that he had been led to try them for the purpose of inducing premature labor, from noticing their power in developing contractions when introduced into the unimpregnated uterus, "and as," says he, "the pregnant uterus is in a condition apt to contract, he thought injections might be efficaciously used, and that without danger, to bring on delivery in those cases where it is necessary the fœtus should be expelled before the full period of pregnancy." He states further that "he had been in the habit of employing 'tar water' for diminishing the excessive secretions from the uterine surface," and thus he was led to make use of it for this object as in the case he has detailed.

The reader of M. Cohen's paper, as noticed in several of the leading Medical Periodicals, since 1847, will perceive that

I did not repeat the injection after six hours as M. Cohen recommends. I did not repeat it at all, for the reason that the constant though slow draining of a fluid more or less tinged with blood, led me to believe that the membranes had been ruptured, and notwithstanding all my care to prevent such an occurrence ; and I continued of that opinion until informed of the copious and sudden discharge of water after two or three hours severe labor ; otherwise, I should have followed M. Cohen's directions to the letter.

ART. IV. *Medical Sketch of West Point, N. Y., during the Summer of 1849.* By ROBERT SOUTHGATE, M. D., Med. Staff U. S. A.

THE present year will always be remembered as an interesting period in the medical history of West Point. The boasted salubrity of this post has been interrupted by the occurrence in our midst of disease and death, such as has been rarely if ever before witnessed. In 1832, whilst pestilential Cholera was desolating many portions of our country, West Point escaped its ravages ; and when a few years later it revisited our shores, it seemed to respect this, until now, most favored spot.

Early in the summer just passed, the numerous cases of diarrhœa led to the suspicion that some unusual cause was in operation in our midst. Very many of us experienced a perverted susceptibility of the stomach and intestinal canal, which required more than ordinary care in the use of certain articles of food ; but the cases of diarrhœa yielded readily to medical treatment, and we indulged the reasonable hope that the pestilence would once more pass us by unharmed. In this we were doomed to disappointment. On the ninth of July a case presented itself, of which the closing scene displayed some of the features of Asiatic Cholera.

A fine youth, a member of the U. S. corps of Cadets, was admitted into the Cadet hospital, under the charge of the surgeon of the post, on account of a painless diarrhœa, his alvine evacuations occasionally presenting a dysenteric character. I was informed that, when he presented himself at the hospital,

his gait was staggering, and his vital forces, that most speaking symptom to the clinical eye, lowered out of all proportion to the active symptoms of his disease. His diarrhœa, for some days resisted treatment, but at length was seemingly subdued, when an alarming change suddenly supervened; his pulse lost its force and volume, the circulation of his cutaneous tissue became languid (the color slowly returning after pressure with the point of a finger had been applied and suddenly removed). His respiration was observed to be somewhat embarrassed,—his bowels became again relaxed, and in defiance of the most faithful and judicious use of the remedial means which his condition demanded, he sunk rapidly, the color of his surface resembling that of the blue stage of "Cholera," for many hours before dissolution, and his mental integrity surviving almost all the evidences of organic life. Do we err in asserting that the subtle poison had marked him for its first victim at West Point, and that his youth, correct habits, and previous good health, had, after maintaining a manly struggle, been compelled to yield to its superior power?

Cases of diarrhœa continued to occur, and were noticed to be somewhat more intractable than they were at an earlier period of the summer; but no well marked case of the "Pestilence" came under treatment until August the 11th, some three weeks subsequent to the case of disease just briefly sketched. On that day, a recruit, who had lately arrived at West Point from Portland, Me., was brought to the hospital for enlisted men, in a state of alarming exhaustion. The history of the case, as correctly as could be ascertained, was as follows: Some twenty-four hours before I saw him, he had been attacked with diarrhœa, which he had failed to report, and during which he had imprudently eaten of unripe fruit. Between sunrise and nine A. M. of the 11th, when I was called to him, he had had some twelve evacuations by vomiting and stool, which information he conveyed to me in a whispering tone. He was lying on his back, the hand of death evidently upon him. His pulse was thready, his eyes sunken, with a livid circle around them—his cheeks depressed and cold—his fingers shrivelled—his breath cool; he suffered occasionally with cramps in the lower extremities, and whilst I was examin-

ing him, a stream of fluid resembling rice-water poured from his bowels. The case was evidently in a hopeless stage ; the usual remedies were nevertheless assiduously applied, but he expired at six P. M. of the day of his admission into hospital. An interesting phenomenon was presented by this patient. About a half hour before death, there was an apparent improvement in his general condition ; his pulse reappeared at the wrist, and acquired some volume ; his skin became warm, and the expression of his face more natural ; this simulation of returning health, was but the prelude to rapid exhaustion : in a half hour after this apparent resuscitation my patient was a livid corpse.

Almost simultaneously with the seizure of this patient, three children suffering from the diarrhœa, resulting from the combined influence of dental irritation and elevated atmospherical heat, were suddenly struck with an alarming aggravation of all their symptoms. Distressing irritability of stomach, urgent thirst, cool skin, wild and alarmed expression of countenance, spasmodic diarrhœa, (the stools being ejected with great force,) were the formidable combinations against which I had to contend. From this alarming condition they were with difficulty rescued by the most prompt counter-irritation, and the bold use of calomel, opium, and acetate of lead. What was the cause of this great perturbation in the systems of these little patients ? Speculation would be interesting but fruitless, perhaps, of useful results. At the moment, the thought was originated by my mind, that the sudden aggravation of symptoms—the spasmodic diarrhœa and vomiting—the wild, terrified and excited condition of the sensoria of the little patients, might be referred to a subversion of the electrical equilibrium of their systems, upon which the harmonious progression of their functions depend ; or will we be nearer the truth in supposing that on or about the day of their seizure, the cholera poison reached a higher degree of intensity, and finding the systems of these little patients predisposed to receive it, made an impression, to which they responded, by the terrible manifestation of functional derangement above described ?

The next case of well-marked Cholera occurred on the first day of September, in the corps of Cadets, whose barracks are

remote from those of the enlisted men. Nearly three weeks had elapsed, and the Cholera excitement had nearly subsided, when it was renewed by the announcement that a well-marked case of the disease was under treatment. This case was interesting, inasmuch as the patient rallied from a condition apparently hopeless, only to disappoint the expectations of his non-professional friends, who knew not the phases of this fell destroyer of our race. Under the ceaseless care of the surgeon of the post, and the persevering use of calomel, opium and acetate of lead, with the application of sinapisms, stimulating frictions and dry heat, (the remedial means most relied on at West Point,) all vomiting, purging and spasm ceased; the skin became warm, the pulse increased in volume, and the patient expressed himself as being very comfortable. For twenty-four hours did this deceitful state of things continue—a calm which proved the precursor of the coming storm. No urine had been secreted for forty-eight hours, and all expedients to restore the action of the kidneys failed; suddenly the bowels commenced to discharge a large quantity of black fluid matter; the pulse fell rapidly; the respiration became laborious; the patient returning to a similar but more aggravated state than the one from which he had so unexpectedly rallied.

At or about the same time, an elderly lady, who was spending the summer at West Point, was attacked by the pestilence. In this case there existed a strong predisposition to the disease, from the fact that a pre-existing delicacy of the stomach and bowels of long duration, had been heightened by a sharp attack of dysentery, from which she had suffered some two weeks previous to her fatal illness. The day before her attack, she had fatigued herself beyond what prudence would have dictated; she nevertheless passed the night preceding her seizure very comfortably, having expressed herself to that effect, on joining her daughter's family at their morning meal. That morning I was requested to visit her. I found her sitting in the parlor, conversing with her usual cheerfulness. She complained of her bowels being too much relaxed, but in other respects seemed as well as usual. I enjoined quiet, and prescribed some astringent and anodyne powders to be administered according to the necessity of the case, directing an

enema of starch and laudanum, if the discharges were not speedily arrested. I took my leave to attend to other professional duties. Shortly after my departure, vomiting and purging set in, with great distress at the epigastrium. Several messages were sent for me; not being found, the surgeon of the post was called in, who directed a starch and laudanum enema. At my second visit, I was much distressed by finding my patient in a hopeless condition—her pulse rapid and thready—the skin cold and dewy—the eyes sunken in their sockets; in less than one hour and a half from the moment of her seizure, she was in the jaws of death. Every attempt to administer any thing by the mouth produced the most terrible nausea and vomiting; medicines were rejected before reaching the stomach; she begged that we would not continue the attempts. A compliance with her request was alike the dictate of humanity and common sense. The external treatment was most assiduously continued; anodyne and astringent enemata were administered; every thing was tried which occurred to my mind, or was suggested by Doctor I. M. Cayler, surgeon to the post, whom I requested to be associated with me, not with any hope of curing my patient, nor with any desire to divide the responsibility of a case *necessarily* fatal, but that her numerous friends might be satisfied that my judgment had been sustained by independent professional counsel. It was all to no purpose. She died at 6 P. M., the same day.

While in attendance upon this patient, I was requested to visit an elderly woman residing in Camptown,* another subject of Cholera. She had suffered with occasional attacks of diarrhœa in the early part of the summer. In this case the vomiting, purging, and cramps were arrested; the skin became warm, the pulse of good volume, and the general feelings of the patient comfortable. Her friends were much encouraged at the prospect; but the function of her kidneys had been suspended since the first hour of her attack, and I looked with suspicion upon any improvement which was not followed by the restoration of their important office. Diluents with the

* Camptown, a locality many feet below the level of the plain at West Point, where soldiers and their families are quartered.

milder diuretics were prescribed in the hope of soliciting their secretion, but failed of success. She began to present evidence of cerebral oppression; a blister was applied between the shoulders, and also to each lower extremity; the cerebral oppression gained ground, and finally eventuated in fatal coma. Three other fatal cases occurred at West Point, one a delicate female from Albany, nursing a child five weeks old, and weakened by a diarrhœa of two weeks' duration; two robust and previously healthy men, who were carried off within twenty-four hours from the commencement of their illness. It may be asked, what cases of recovery have I to put in contrast with this sad obituary list? I regret that I have none to report. That we arrested in limine many cases which would have eventuated in Cholera, may be fairly presumed; and if all such were reported as cures, our success on paper would at least equal that of the Homœopathists! but I would be guilty of a fraud against the interests of science, if I asserted that I had an agency in curing any completely formed case of Cholera at West Point; nor will any sane individual believe that homœopathic doses of camphor ever arrested a disease which strikes so profoundly at the vitality of the system. Extreme cases have occasionally recovered after treatment; but in the present state of our knowledge, the recoveries cannot be legitimately referred to the system of treatment pursued. A report of the cases in detail, would not repay the trouble of perusal. Every journal teems with such descriptions.

The above rapid sketch will give an idea of the force with which the pestilence struck West Point; and it was a matter of surprise with me that it should have numbered so few victims. Three of the cases, females of broken health, were necessarily fatal; but it was a powerful poison which could prostrate, in less than twenty-four hours, the energies of two robust and previously healthy men. And yet, never was treatment deemed more appropriate, or more faithfully tried. Calomel, camphor, acetate of lead, opium, stimulating frictions, dry cupping, the hot air bath, &c., &c., were put into requisition without the least benefit. Had the disease consisted mainly in congestion, the anti-congestive treatment so energetically used, would, it may be reasonably presumed,

have more frequently recalled the blood from the over-laden organs, and restored the balance of the circulating fluids ; but though the skin was rendered scarlet by sinapisms, dry heat and stimulating frictions, the circulation was not relieved ; the pulse continued feeble, the respiration oppressed and laboring, and the patient proceeded from bad to worse, stimulants only increasing the difficulty, until death stepped in to close the painful scene ; or if the above-mentioned means, aided by liberal doses of calomel guarded with opium, succeeded in producing reaction, there remained behind another element which too frequently cut off all hope of recovery. A single look at a patient in the completely formed disease suggests to the mind, that no ordinary agent has been at work ; that in all probability a powerful poison has invaded the system. How does this poison act ? Would we be far from the truth in saying, that its force is expended upon the nervous system of organic life ? During the prevalence of the pestilence, we hear of cases where the patients die after but trifling evacuations by vomiting and stool, much less than occur in ordinary diarrhœa or cholera morbus, and not sufficient to produce fatal exhaustion. Is the great morbid element present in this disease Ganglionic prostration—an arrest of the nervous energy sent to the viscera to maintain their organic life—to regulate their capillary circulation, and to preside over secretion and nutrition ? The blood-vessels, too, appear to be converted into dead tubes, their vital expansion and contraction being lost, and their physical elasticity alone remaining. The blood seems, even while flowing through its vessels, disposed to perform the last act of its life, for the serum is swept off in torrents, and, long before animal life is extinct, we have a dark, sluggish stream stagnating in the tubes which contain it. The heart, “endowed in an eminent degree with the property of irritability,” “an endowment properly belonging to it, and not derived from the nervous system,” (Carpenter,) continues to act, and when pulsations can scarcely be detected in the larger arterial tubes, the application of the ear to the chest will discover the great central organ of the circulation striving as it were to overcome a mighty obstacle, every pulsation driving into the larger tubes more of the sluggish stream destitute of life-sustaining elements.

Amidst all this physical ruin, the mind appears to maintain a condition of comparative integrity ; almost to the very last throb of the heart, the patient will comprehend and answer questions, and with a body cold and blue, and as it were dead, the mind will continue to act, as if to prove its independence of matter, and give a parting earnest of its own immortality. How painful, and yet how deeply interesting to the medical man is the spectacle of a patient within the grasp of this gigantic destroyer ! Cholera would seem to be a special messenger sent to waken our sympathies for our race, which become weakened by the survey of ordinary disease and the commonplace events of the profession.

Such is a faithful portraiture of the disease as it appeared at West Point. As regards the treatment pursued, but little may be said. I had determined to give a fair trial to calomel in large doses, and it was administered with a fearless hand ; with what success the record will show. Every journal, nevertheless, relates in detail, cases of its successful administration ; and when I peruse them, I ask myself the question—can the cases have been similar to those we encountered at West Point ? I have great faith in the anti-congestive and revolutionizing influence of large doses of calomel ; but it remains yet to be proved, that they exert a positively curative agency in Malignant Cholera. Fortunately the diarrhœa, which usually ushers in the complaint, may be easily checked by rest in bed, and the administration of aromatic and astringent remedies : but if it be permitted to continue unchecked for a few hours, the patient may be considered as lost ; for when the disease is in full possession of the system, it can only be mastered by an antidote yet to be discovered, which shall neutralize the pernicious action of the poison : yet though I have nothing to offer which can elucidate the treatment of the disease, some interesting considerations spring from a review of its history at West Point.

When Cholera reappeared in this country, I was strongly imbued with the idea of its contagious nature. Accordingly my attention was particularly directed to observe, whether any evidence corroborative of this idea would be presented during its prevalence at West Point. Nothing occurred to

favor this view. The disease appeared simultaneously at different points remote from each other, and not one of those who nursed the sick, suffered from the influence of the poison. It was interesting also to notice, that as Cholera disappeared, an unusual number of cases of Intermitting Fever presented themselves; and that dysenteries followed close upon the disappearance of intermittents. What a beautiful generalization would it be, if all these diseases, Cholera, Intermittent Fever, Dysentery, and Diarrhœa—each one of which is occasionally epidemic—should hereafter be demonstrated to depend upon different species of microscopic beings, vegetable or animal, which at distant and irregular intervals being developed in unusual quantities, invade the systems of man and the lower animals, producing the great epidemics, which sweep over the world. If such a theory should eventually be proved to be founded on facts, the hypothetical etiology of medical philosophers will be discarded, and medicine be rescued from much of the obloquy which now attaches to it. The discoveries of modern science have demonstrated things to exist, which a few years since were not even dreamed of; and it is not unreasonable to believe, that there may exist in the distant future, discoveries which will revolutionize the whole face of science. We have entered upon an era which demands certainty in the place of hypothesis. For a long time the medical mind was content with the doctrine of Marsh Miasmata; now how few feel satisfied with it. There was certainly more true philosophy in the notion of the ancients, that on the confines of pools and sluggish streams a malignant deity lingered, who caused disease and death among the inhabitants of their borders, than in the modern doctrine of Malaria; for with them the beautiful fiction was a graceful acknowledgment of ignorance. It remained for the philosophers of modern times to assert that heat, moisture, and vegetable decomposition, three very sensible things, gave birth to a something, and yet a nothing, which produced so much mischief. The cryptogamous theory yet remains to be proved, but it certainly has more semblance of reason, than any which has preceded it. In conclusion, how strong an illustration does the history of Cholera at West Point afford of the prophylactic power of

pure air, thorough police, wholesome and sufficient alimentation, &c., against epidemic poisons. For a long time did the poison exist in our atmosphere, before the powers of any one were sufficiently controlled to admit of its full and fatal influence. Appearing first in our neighborhood, on the opposite side of the river, some miles below West Point, it carried off many of the Irish laborers, on the Hudson River Railroad, whose filthy hovels invited its attack. It travelled slowly up the river, crossed over to Newburg and Canterbury, and last of all visited West Point. Is it not reasonable to suppose, that our elevated position, pure air, thorough police, &c., &c., acted as antagonizing influences, deferring the period of its visit, and when it finally appeared, enabling us to escape (save the comparatively few victims) its destructive power?

West Point, Nov., 1849.

ART. V.—*New Preparations of Valerian*. By A. K. GARDNER, M. D.

IN regard to no part of the science of medicine, are the opinions of practitioners so diverse, as on the value which they assign to the various agents employed in the cure of the diseases of mankind. Much unjust opprobrium has fallen upon the profession on this account; and the oft-quoted remark, that "doctors differ," comes from those who, because different remedial agents are employed by different persons, erroneously suppose that the two have a different view of the disease. They cannot see that to arrive at the same place, one traveller may choose a horse and another a mule, and yet each follow the same route. Sometimes, indeed, a different theory may cause different treatment. One may consider erysipelas as a disease of plethora, and may use the lancet, and depletions; another, considering a disease produced by debility, will give quinine and stimulants.

But the object of this paper is to say a few words in regard to the *Radix Valerianæ*. This plant is indigenous to Europe, where it is found growing abundantly in the damp woods and meadows, as well as upon the dry and more elevated grounds.

But though it is found growing naturally all over the continent, it does not seem to arrive to such perfection as in England. And it is from thence that our supply is principally obtained. Holland produces a little, which is occasionally seen in our market. There is, however, a very marked difference in the appearance of the roots of these two varieties. The Dutch is much smaller, shrivelled and stunted in its appearance; of a much darker color, and possessing far less of the peculiar smell which characterizes this plant. It has always been considered as possessing less virtues than the English.

Within a very short time—possibly three years—a very limited supply of still a third variety, has been offered in our markets. This may be called the American. *Valerian* is not a native of this country, as has been stated. Its presence, therefore, deserves some explanation. Some years since, Messrs. Brinley & Co., of Boston, imported some of the living root from England, and placed it in the hands of the Shakers at Enfield, New Hampshire. It is from this germ that the American *Valerian* of our market is produced. Whether from the favorable character of the soil and the climate of this country, or from the care bestowed upon it, by the skilful farmers and agriculturists of this fraternity, I know not, but from either or both, has sprung up *valerian* far superior in its appearance to the best produced in England. Perhaps the *Valeriana Officinalis* is not cultivated in England, and that the difference in its appearance may have arisen solely from the care which has been bestowed upon it. The most careless glance at the two varieties, shows a marked difference, and in favor of the American. The root is clearer, of a more yellow or brown color; the cylindrical fibres are longer, larger in circumference, and freer from knots, and presents none of the knobby, gnarled appearance which characterizes the Dutch, and is more or less observant in the English specimens. In addition to this, the aroma is far more fresh, freer from any musty additions, and in strength is allowed to be certainly as strong, if not superior to the English. So much for the sensible qualities of the American article.

In regard to the medical properties, the superiority which it is shown to possess over the English, is not more apparent than will be seen on comparing their intrinsic virtues.

Valerian is characterized as a mild stimulant, with especial direction to the nervous system, but without narcotic effect. Various diseases have been supposed to have been benefited by this root, but its use has lately been limited to spasmodic and nervous complaints. It has been administered in powder, but used in that form it has irritated the alimentary canal. Given in infusion, a large proportion of its virtues, which consist in a volatile oil, escape. The most common form is the tincture. This preparation has been found of most uncertain value, partly from the depreciation of the root while drying—from the injury it receives in exportation, but more from the fact that the alcohol extracts other qualities, which not only render the extract less efficient, but also produces nausea and gastric derangement. To obviate all these objections, the Messrs. Brinley have made a fluid extract from the green root, before any part of its virtues have been evaporated, and have thus been enabled to present the profession a most valuable medicine, possessing all the virtues of all heretofore made preparations, in an increased degree, without the qualities which detract from the value of the powder and the tincture. Having used the preparation quite extensively for hysteria, nervousness resulting from masturbation, delirium tremens, &c., (were it necessary I could give numerous cases,) I am prepared to express my firm belief in its superiority to any form of valerian which has been before presented to the community. In this opinion I am supported by the profession generally in New England, where this preparation is in daily use, and by some of the most eminent of the physicians of this city.

The following is from A. A. Hayes, the State Assayer, which gives the analysis of its ingredients. Some recommendations follow, from various distinguished professors in New England.

"Oil of Valerian, as furnished by Elder Parker. May 6th, 1849. Lowell.—This oil, of a light yellow color, contains valerianic acid, a neutral body, besides the volatile oil of valerian. After exposure to air and moisture, an interchange of the elements takes place, a crystalline body appears, while the quantity of valerianic acid is increased.

"The crystalline body appears, by the analysis of Adolph Schliesser, Esq., to be new. In its general character it resembles Camphor, but differs from Borneol and Valerol, in chemical properties. Purified by solution in alcohol, and precipitated by water, it presents delicate, prismatic crystals of a snowy whiteness. While cold they are nearly odorless, with a slight aromatic, very bitter taste. This substance is volatile, and when heated has the odor of valerian oil. It melts into a perfect fluid, which becomes a crystallized mass on cooling.

"The specific gravity of well-formed prismatic crystals is at 60 F. 1033 to 1055, while the solid crystalline masses are suspended in a fluid of Sp. Gr. 1076. Slowly heated, fusion takes place at $198\frac{1}{2}^{\circ}$ F., to $197\frac{1}{2}^{\circ}$ F.; the transparent fluid remains, when cooled, to 195° F., but as it passes to the solid form, the thermometer marks 196 to 197 F. Below 180° the vapor rises rapidly, and condenses in frost-like, delicate, needly prisms of extreme purity. It is probable that the neutral body referred to above, is connected with the production of this new Camphor, but as yet experiments are wanting. Mr. Schliesser prefers to get more complete determinations, before he gives the results of the ultimate analysis he has made.

"The oil as obtained, contains all the medicinal constituents of the root, and in practice has been found to be identical with some fine samples of French manufacture. Indeed, the use of the natural fresh root for its production, insures a very perfect product, while the process is the result of the labors of all the eminent chemists who have studied the product of valerian to the present time."

Prof. Phelps, of Dartmouth College, speaking very highly of its efficacy, says:—"In your method of preparation, the active principle is detached from the nauseating constituents of the root, and obtained in solution. We may look upon the Fluid Extract, as a solution of valerianic acid." Prof. Cleaveland, of Brunswick College, says:—"It contains the active, medicinal principle of Valerian in a *purer*, more simple and concentrated state than any other preparation of the root with which I am acquainted." Dr. Stedman, of the City Institution, Boston, says:—"In many cases where opium is

inadmissible as a narcotic, anodyne, or antispasmodic, this Extract of Valerian seems to answer the indication quite perfectly." Professors Mott and Parker, of this city, have also expressed their good opinion of this preparation. It is confessedly a simple extract, made by boiling the fresh root in pure water, with the addition of a little alcohol as a preservative. From the trial which I have given it, I am convinced that it will be found to supersede the use of assafoetida, musk, camphor, castor, &c., in a great degree. In the majority of cases I have found that from twenty drops to a teaspoonful, is an ordinary dose, repeated as often as every half hour if necessary. In delirium tremens much more can be advantageously administered.

ART. VI.—*On the General and Obvious Post-mortem Appearances of Cholera.* By W. S. BOWEN, M. D.

TO THE EDITOR OF THE N. Y. JOURNAL OF MEDICINE:

Dear Purple,—The following is an abstract of a paper read before the Society for Medical Inquiry, which was ordered to be published.

Yours truly,

W. S. BOWEN.

New-York, 1850.

THERE are two great stages in this disease, each of which is marked by distinctive and widely different symptoms—one is called the cold stage, presenting different degrees of collapse, and the other is called the consecutive fever—or if you please, the hot stage. Two patients dying, one in the cold and the other in the hot stage, would present appearances differing very materially from each other.

The first stage is one of congestion; in this the aqueous portion of the blood is thrown off; and from this circumstance and to this extent the stage may also be called hemorrhagic.

The second stage is inflammatory, and the inflammation is, in the great majority of cases, principally of the stomach and small intestines. This I think, in common with all who have thought about it, is the essential practical feature of the disease, after it has passed the first stage. I do not mean to say,

that there is no other inflammation; but that this is the leading feature.

The first stage is one of congestion. The vessels of the brain and spinal cord are turgid with blood. The right side of the heart, and the coronary veins, and the lungs and liver, are generally found engorged. The kidneys and uterus are frequently injected, the latter frequently containing black fluid blood, or loose coagula. Dr. Lawrence, of the William-street Hospital, informed me, that those women who survived the cold stage complained that their menses had appeared. The spleen is always perfectly normal or else small, and drained of blood, presenting a shrivelled appearance. Such are the general appearances of the viscera named, but the degrees of congestion of the different organs are very variable; sometimes slight, or even absent in one or more, and profound in the rest; or, in some cases, the congestion might be slight in all the organs, while in others all are engorged with blood.

But the weight of the disease falls on the stomach and small intestines. You see trouble here the moment the peritoneum is opened, in the ramifying and distended vessels giving the serous coat a red and angry look. Exposing the mucous membrane of the stomach, in almost every case the cardiac extremity is found reddened and friable, while the remainder is pale, though frequently as much softened as the cardiac end. I say friable, to use a moderate expression, because I do not wish to be understood to say, that there was true inflammatory softening, as many have contended. I was not satisfied with the evidence of it, and attributed the fragility of the tissue to the congestion and serous effusions, which in every case exists in some degree. It is remarkable, that immediately on passing the free edge of the pylorus, the redness of the mucous membrane again appears, and terminates as a general rule with the small intestines, leaving the large apparently free from disease. These are the principal points worthy of notice, as marking the stage of collapse. I may add, however, that the urinary bladder is empty and contracted, and the gall bladder more or less distended, with olive-colored bile.

In consecutive fever, I am inclined to believe, that those organs which have been the longest and most profoundly con-

gested, or which are predisposed by previous disease, will in the stage of reaction become inflamed; hence we may have arachnitis, pneumonia, gastritis, &c. Dr. Isaacs found pus in the kidneys, I understand. I have only seen in addition to inflammation of the stomach and bowels, pneumonia and inflammation of the mucous coat of the gall bladder and ducts, which resembled scarlet velvet; the gall bladder was turgid with a substance resembling white of egg, and was more than twice its usual size. The dysentery, which in so many cases occurred after Cholera, is worthy of note: the only examination which I made, revealed inflammation from the cardiac orifice of the stomach to the anus without an abrasion. This I suppose was an extreme case; the symptoms were unlike those of the ordinary dysentery of the country, inasmuch as there was, at least, so far as I observed, but little pain or tenesmus. It appeared to me as if the vessels were yielding up the blood of the engorged and inflamed parts, exactly as the uterus gave up its contents in consecutive fever.

To sum up the whole, it may be condensed as follows:

1st. Initiatory stage, marked by diarrhœa—blood leaves the surface and seeks the centre.

2d. Stage of collapse, marked by rice-water evacuations—congestions of internal organs occur.

3d. State of reaction, marked by return of urinary secretion, and arrest of rice-water discharges—inflammatory action begins.

4th. Consecutive fever, marked by febrile reaction—fully developed inflammation and its consequences.

1. COLLAPSE CASES.

Case 1. Head.—On removing the skull-cap, blood flowed profusely. Cutting away the dura mater, the vessels ramifying over the hemispheres were found loaded. Substance of brain normal. No serum in the ventricles. Vessels of spinal cord turgid.

Case 2. Thorax.—Right lung moderately, left lung profoundly congested. Right side of heart and the coronary veins distended with blood. *Abdomen.*—Liver not much engorged,

gall bladder about half full, spleen normal, mucous coat of stomach and small intestines red, soft and friable.

Case 3. Thorax.—Lungs profoundly congested, right side of heart contained firm, white coagula; coronary veins distended. *Abdomen.*—Liver presented a white, mottled appearance, was easily broken down; gall bladder full. *Stomach.*—Mucous coat at cardiac extremity injected and throughout softened; spleen normal. *Pelvis.*—Left kidney, deeply reddened; bladder empty and contracted.

Case 4. Thorax as above. *Abdomen.*—Mucous membrane of stomach and small intestines decidedly softened; uterus contained blood; pelvis of right kidney injected.

2. CASES AFTER REACTION.

(From Jackson.*)

Case 5.—Admitted April 1st. April 5th, decided reaction in the morning, died on the evening of the 6th. *Abdomen.*—Stomach contracted on its whole extent; whole posterior surface occupied by numerous folds of a lively red color; the membrane covering these folds is softened, not yielding a strip. Pyloric valve of an intense red color (unquestionable inflammation). Liver moderately gorged with blood; bladder contained about 3vj. urine. *Thorax.*—Pleura moist; pericardium moist. Lungs anteriorly white and dry; posteriorly red, engorged with blood, crepitant.

Case 6.—Admitted April 18th. Decided reaction 22d, died 22d. *Abdomen.*—Stomach small, not much larger than large intestines; mucous membrane every where of its natural velvet-like appearance, nowhere granulated, of its ordinary thickness and consistence; this membrane and the subjacent cellular tissues are somewhat injected. So of the small intestines. Liver of its ordinary size, rather soft; somewhat pale, finely granulated, and easily penetrated by the finger. Gall bladder at least double its size, distended by a greenish yellow liquid, which is transparent, mixed with an abundant yellow, glairy material, which adheres closely to the internal surface,

* Cases of Cholera collected at Paris in the month of April, in 1832, in the wards of MM. Andral and Louis, at the Hospital La Pitié. By James Jackson, of Boston. Carter, Hendee & Co. 1832.

even after washing. Bladder of moderate size, containing a little transparent liquid. *Thorax*.—Pneumonia in the 1st and 2d stages; serous membrane moist.

Case 7.—Attacked April 7th; reaction 13th; died 15th. *Abdomen*.—Stomach smaller than common, especially in pyloric half, where it is no larger than large intestines; contains a viscid mucus, which adheres closely to the mucous membrane. Internal surface generally of a deep red color, especially in longitudinal lines along the small curvature. Mucous membrane somewhat brilliant, and slightly though imperfectly raised like velvet; very slightly granulated at several points in the neighborhood of the pylorus. Liver moist, rather pale, of small size, not quite so firm as common, containing but a moderate quantity of blood. Gall bladder very small, containing a calculus in the midst of a puriform fluid; no ulceration. Spleen natural; kidney natural; bladder distended by a considerable quantity of urine, natural. *Thorax*.—Pleura moist; nothing remarkable in lungs; heart natural.

Case 8.—Attacked March 31; reaction April 5; died 6th. *Abdomen*.—Peritoneum, rather moist, but still slightly viscid and gluey; stomach contracted in its pyloric portion to the size of a large intestine; contains a green liquid, with white flakes of mucus; internal surface of stomach generally of a reddish tinge; in the great cul-de-sac numerous bright red points or dots, owing to a fine injection of the vessels of the mucous membrane; the membrane, however, of its natural thickness and consistency; small intestines congested; ileum within a foot and a half of the cæcum; of a deep livid red; swollen; projecting above the surrounding surface; very red and friable. Kidneys, pale; thick, white puriform matter in infundibula. Bladder, contains about half a glass of clear urine. *Thorax*.—Lungs, Pneumonia, 2d stage.

3. CONSECUTIVE FEVER.

(From Ferris.*)

Case 9.—Admitted, 11th September; 12th, reaction; established, 15th; pulse full, tongue red, skin warm; 21st, died.

* A Treatise on Epidemic Cholera, as observed in the Duane-street Cholera Hospital, New York, during its prevalence there in 1834. By Floyd Ferris, M. D. New York: Harper & Brothers. 1835.

Head.—Brain and membranes natural; slight transparent fluid effused into ventricles. *Thorax*.—Heart natural; lungs collapsed. *Abdomen*.—Great omentum gangrenous; liver natural; spleen enlarged; stomach covered with patches of gangrene; small intestines so tender that they would not bear their own weight; large intestines gangrenous; bladder contained about a gill and a half of urine; kidneys natural.

Case 10.—Admitted September 20th; reaction 22d; died 25th. *Thorax*.—Heart natural; lungs highly congested. *Abdomen*.—Omentum gangrenous; liver, nothing remarkable; stomach externally exhibited a purple color; mucous coat softened, broken down, gangrenous in spots, particularly at the pyloric extremity; small intestines approaching to gangrene throughout, and of a dark mahogany color; mucous coat softened and broken down; large intestines gangrenous throughout.

It is impossible to deny that Dr. Ferris gives strong marks of inflammatory action in his cases; but when we reflect that M. Andral speaks positively of high inflammation in cases where reaction had scarcely set in, we cannot doubt the existence of such results in some cases. Dr. Lawrence, of the William-street Hospital, met with gangrene in one case last summer, as he informed me.

The blood in the congestive stages of Cholera, being thick and tar-like, it may be well briefly to give the analysis of this fluid by Dr. Garrod. Alfred Taylor and Andral did not find any albumen in the evacuations, and denied that the rice water was the serum of the blood.

Dr. Garrod's conclusions are as follows, viz :—That the proportion of water is much diminished.

That the specific gravity of the serum is very high, which is due to the increase of the solid portion of the serum, and especially of the albumen, and this fluid also tends to become less alkaline.

That the saline constituents of the blood are not only not decreased, but sometimes exist even in increased proportions, and that the diminution of its alkaline reaction is not due to the loss of salts, but to the impeded excretion of organic acids, which are constantly being formed in the system.

One word as to the contagion of Cholera. In many cases Peyers plates are enlarged. When I have looked at this and at the birth-place of many of our cases of Cholera, and known that sometimes a whole house full, and a whole court have been attacked together, or in rapid succession, and that it has spread through the crowded steerages of ships at sea; and when I have looked at the various phenomena of consecutive fever at the bedside, I have been inclined to suspect that the poison of typhus was sometimes combined with the poison of Cholera, and perhaps gave to it its contagious quality.

ART. VII.—*Cases in Surgical Practice.* By E. P. BENNETT, M. D.,
of Danbury, Conn.

Successful ligature of the femoral artery for wound of the anterior tibial.—As the tying of the femoral artery for disease or injury of the anterior tibial, has so rarely succeeded, I have thought, perhaps, that the following case might be worth giving to the public. In July 1844, D. Sandford, a middle aged, healthy farmer, accidentally wounded himself with a sharp-pointed, narrow-bladed pocket-knife. The knife penetrated the leg about two inches below the knee-joint, passing between the tibia and fibula, wounding (probably not entirely severing) the artery immediately below where it passes the interosseous ligament. He bled rather profusely; but a physician being near at hand, the wound was merely brought together and secured by adhesive plaster and bandage, without any suspicions in regard to the true nature of the case. The result of course was an aneurismal tumor, pulsating violently, and when the bandage was removed bleeding furiously. This was his condition two weeks after the reception of the injury, the time when I was first called to see him. The injury was too high up the limb to put in practice the directions of Sir A. Cooper, in cases of aneurisms and injuries of this artery, viz., that of cutting down upon the vessel at the place of the injury, and securing both ends of the divided or wounded artery; but had the wound been lower down, the condition of the

parts at this time was such (being infiltrated with blood, lymph, and serum) as to preclude the idea of any such operation being successfully accomplished. The only question, then, which presented itself was, whether the cure should be attempted by pressure, or whether the femoral artery should be tied. Upon consultation with a neighboring physician of considerable eminence, we concluded to make trial of pressure, and if that failed, as a last resort, to tie the femoral artery. Pressure was accordingly tried, but it could not be so applied as to be endured by the patient, and at the end of a week was abandoned entirely. I then tied the femoral artery in the usual manner, and in the usual place. No difference of temperature of the limb was observed until the second day, when it was found to be a little cooler than its fellow; it was wrapped in cotton batting, and a bottle of warm water applied to the foot, which soon restored it to its natural warmth. I did not observe any increase in the temperature of the limb soon after the operation, as mentioned by some authors. The ligature did not come away until the 30th day, but the patient did well, recovering without a bad symptom, and regaining the perfect use of the limb.

Case of Urinary Calculus, having for its nucleus a common garden bean.—In July, 1842, I operated on H. White, a young man, aged 17 years, for stone in the bladder. The operation was performed in the usual manner, for the lateral operation using the Gorget. The stone was of large size, weighing four ounces; was of a dark color and soft consistence. In extracting it it broke, and displayed in its centre a common white garden bean; it was perfect in shape, but soft to the touch, and easily broken down: he recovered in two weeks so as to be able to walk out. Upon questioning him, he admitted, that three years before he introduced the bean into the urethra, and that it slipped from his fingers, and passed so far down, that he was unable to get it out; and he pushed it down into the bladder, and from that time his urinary troubles commenced.

ART. VIII.—*Observations upon Epidemic Typhoid Fever, which prevailed along the Valleys of the Oswayo and Honeyoye Creeks, in the Counties of McKean and Potter, Pa., during the Summer and Winter of 1847 ; and upon the use of Calced Mercury in its early treatment.* By R. P. STEVENS, M. D.

I REMARK that this fever was preceded in every neighborhood, in each family, and in every instance, by an epidemic influenza. The character of this influenza was, upon the whole, mild, although in three cases it induced consumption in persons predisposed to phthisis, which ended fatally ; and in several others acute bronchitis, which, however, easily yielded to appropriate treatment.

The symptoms of this influenza, as felt by myself, were as follows : A sudden invasion, violent sneezing, as if some insect was irritating the schneiderian membrane, and not only irritating, but also stinging it. I presume I sneezed at least a hundred times in a ride of as many rods. In a few hours an irritating cough followed, with some oppression of the chest, deep-seated pains, with soreness of the flesh ; chills, with flashes of heat rapidly succeeding each other ; dryness of the skin. A remarkable feature, always attending, and generally supervening the third day from the attack, was salivation and folliculitis of the mouth and fauces. In some cases this ptyalism was so severe as to lead the patients to suppose that they were affected with calomel. Severe constipation of the bowels attended, though in some cases diarrhœa was present. I prescribed for some one hundred cases, and there were many more so mild as to need only household remedies. This influenza preceded the fever some six weeks, yet in some cases they were nearly blended, the patient only convalescent from the first, before being attacked by the fever, the one apparently running into the other.

The general features of the fever were in the graver cases sudden prostration of the strength, with chills, speedily followed by fever, a tensive pain in the head, ringing in the ears, deafness, oppression of the stomach, eyes suffused, face red, skin dry, pulse 100 to 120, and reluctant and vacillating ; a

general tremor, with difficulty in commanding the movement of the muscles, the patient appearing as if overcome with alcohol; the tongue trembling and forgetting to articulate more than half a sentence; coated with a slimy yellow coat in the middle, and successively changing to a light brown, dark brown, and lastly black; the tip and edges red, and soon assuming a glazed appearance; in the progress of the disease becoming cracked and sore; teeth covered with sordes; intense thirst, great heat of the skin, especially of the belly; the pulsation of the abdominal aorta felt its whole length; bowels costive; somnia with delirium attended.

These symptoms are taken from a case which had no medical treatment whatever, and which, therefore, offered itself as the true type of the disease.

Treatment.—And here it is I wish to speak of the great and certain powers of the calcined mercury, in breaking up and overcoming the morbid impression made upon the system by this fever in its earlier stages; and I might remark parenthetically, not only in this, but also others, especially those of a congestive type, in every case where the tongue had a yellowish coat, a full emetic of this mineral was exhibited, sometimes aided by ipecac, where I wished a prolonged emesis. The ejections of the stomach were uniformly thick, viscid mucus, with bile. After the emetic a full dose of pulv. Dov. was administered with infus. eupatorium perfol.; epithems to the bowels. The day following, if febrile symptoms had at all remitted, Dover's powder, with quinine or sulph. cupri, with sulph. morphia and ipecac, were exhibited. This course of medication cured two cases in *two* days, ten in *three*, one in *four*, five in *five*, and four in seven. If, however, on the day following the emesis, the fever continued unabated, alteratives were prescribed until the dejections of the liver and bowels showed the influence of mercury. For this purpose hyd. cum cretæ, with ipecac, was preferred. Epispastics to the abdomen, and if great, somnia also to the nape of the neck, and in one case behind the ears. Carb. amm. and infus. serpentaria were freely exhibited. When the fever continued beyond the fourteenth day, carb. amm. with wine and sulph. quinine were largely prescribed. Rubefacients to the extremities, wrapping

them up in cotton batting, having first bathed the cuticle with oleum monardæ. Three cases ran fourteen days, two twenty-one days, and one proved fatal the fifteenth day.

A peculiar characteristic of the fever was a tendency to a discharge of blood on critical days. If we take the case which serves as the type of the disease, we find it running fourteen days without treatment, most of the time sleeping, huddled up in the bed-clothes, sliding down to the foot-board, and finally having a violent hemorrhage from the nose, mouth and rectum. Five had hemorrhage from the rectum alone; three from the nose; one from the stomach; one rather mild case, treated only with infus. eupatorium perfol., had an alarming hemorrhage from the nose; one from the uterus, and another complicated with abortion in a woman accustomed to miscarriages.

To restrain the sanguineous discharges, ethereal ext. tannin was used with decided effect.

Where the fever assumed the nervous or sinking form, an infus. serpentaria, colombo and valerian, in equal quantities, proved a valuable combination.

In two cases, where it assumed a periodical character, quinine in full doses promptly arrested it.

In one case, a patient aged fourteen years, subject to frequent attacks of epilepsia from infancy, opisthotonos appeared the third day, and proved fatal the seventh. In this case opium, with its alkaloids, exts. belladonna, stramonium and aconite, with wine and quinine, epispastics to the spine, were used in heroic doses without any mitigation of the symptoms, opium only excepted: this would give some sleep, some brief forgetfulness of his terrible agonies. Great tenesmus and dysuria attended.

The calcined mercury which I use, is manufactured by Mr. Richards, an apothecary at Jordan, Onondaga Co., N. Y., by a process somewhat different from the formula of the U. S. Dispensatory, which renders its action more mild and equable than is described in that work. It is a fine, impalpable powder, of a yellowish rather than reddish aspect. In doses of one or one and a half grs., it is a prompt emetic. In these doses I prescribe it.

ART. IX.—*Peculiar Case of Tetanus, occurring twelve days after the operation of "Excision of a Scirrous Mamma."* By SAMUEL TYLER, M. D.

Mrs. P——, aged seventy years, a very intelligent lady of Virginia, the mother of a numerous family, many of whom have been and still are distinguished in the various professions and callings of life, visited Frederick on the 13th day of December, 1849, for the purpose of having a scirrous tumor of the right mamma removed.

She stated that the tumor in the breast had appeared spontaneously; and when first noticed four years ago, was the size of a small walnut, and had gradually been increasing until it reached its present size, which was about that of a large orange. Near the right side of the nipple there was some little excoriation, produced by its having been lanced, and using external applications, previous to her visit to Frederick.

She was advised by my father—an old and experienced physician—and by myself, to the following effect: That as there was excoriation of a portion of the skin, it was highly probable there was constitutional contamination, although there was no axillary or other swelling, independent of the tumor itself; but as that excoriation would certainly be the forerunner of deep ulceration, which would produce hemorrhage, lingering suffering, and death; and moreover, as she was so far advanced in life, and apparently of so robust and healthy a constitution, (her mother having lived to the age of eighty-six or more years,) her chances of a prolonged life would, in our opinion, be enhanced by the removal of the breast.*

On the morning of the 19th of December, in the presence and with the aid of my father and Drs. Stainer and Johnson, I removed the tumor with the knife, having previously placed the patient under the influence of chloric ether, which saved

* I think it not amiss to state here, that we were strengthened in this opinion, by the result of the following case: I removed a tumor, having many of the characteristics of scirrous, (a large fungoid growth protruding from an ulcerated portion of the breast, the whole mass weighing nearly eight pounds,) two years since, from the person of a very delicate lady, aged about 45. She is now living, and in better health than she has been for many years.

her much suffering, although it did not act so well as in many instances in which I had used it before ; attributable, I think, to the extreme agitation which came over the patient just previous to the operation, having made a great effort to be composed for several days before.

After the operation the wound was dressed in the usual way, and the patient placed in bed. Until the period of the first dressing, which was prolonged to the 23d, she continued in as good a condition as could have possibly been expected, excepting some occasional nervous spells, which were always relieved by stimulants. On the morning of the 23d the wound was opened and dressed. It looked healthy, with some little suppuration in the upper portion. During the dressing, the patient was considerably affected by the smell of the wound, though her spirits were lively and cheerful. Stimulant treatment and nutritious diet were continued, and a mild aperient to be administered *pro re nata*.

25th.—Dressed the wound. There was very free *laudable* suppuration all over the surface, with some healthy granulations in the upper part. Her condition generally good. Same treatment continued.

The same condition of things in reference to wound and patient continued until the evening of the 1st of January, when she complained of stiffness in the back of the neck, which was attributed to the position of her head in the bed. This was changed, and an opiate administered.

Jan. 2d, 9 A. M.—There was a slight degree of trismus, so slight though, as to lead us to hope it was mere apprehension. At this juncture, and not until *then*, were we informed that the patient had had for years a continual horror and fear of dying with tetanus. The wound, which still looked healthy, discharging *laudable pus*, was dressed, chloric ether being administered at the time. Ordered pills of camphor and opium every four hours, with occasional inhalations of ether in the intervals. This treatment at times seemed, and undoubtedly was beneficial, and we indulged the hope of her recovery. Some of her symptoms resembled those of the case not long since reported by Prof. Jackson of Philadelphia, (see Am. Jour. Med. Science, April, page 298,) such as being greatly agitated, and sometimes spasms being produced by the

least tread of a slippered foot, or the rustling of a dress. She had, however, no fear or dread of water. The exhibition of opiates, especially a camphorated tincture of opium, occasionally relieved the fixedness of her jaws, as if it were by a charm, but the beneficial effects were never lasting in their nature.

Without going further into the minutiae of the case, suffice it to say, that the tetanic symptoms increased violently, and baffled all treatment, until death closed the scene of this sad case, on the morning of 8th of January, in the form of ataxia and adynamia. Her mind was nearly always clear. It should be recollected that, as was before mentioned, from the moment the first symptom of this dread disease appeared, and *it* could scarcely be called a symptom of *tetanus*, the patient gave herself up to the apprehension or imagined certainty of death. What in my opinion is a great peculiarity in the case, besides her age, tetanus rarely ever occurring after the fiftieth year, is the fact that the wound continued discharging healthy pus, and was covered with fine healthy granulations, up to the very moment of dissolution, and in every way presenting the most favorable appearance. I will also state there was but one artery ligature, and it very small. The wound had also cicatrized greatly, one half being closed at the time of death. These facts certainly are not in accordance with the experience of the profession, in reference to traumatic tetanus. Then, was this disease produced by apprehension, is a query, which I think this case justifies being put to the profession. It may serve to excite interest with reference to this most interesting disease, and probably tend to its elucidation. The neuro-dynamic force of the system has nothing of a settled nature, and hence its irregularities must tend to making our knowledge of it more uncertain. In tetanus, nervous ataxia exhibits its culminating points; if we can only understand this completely, we have made considerable progress towards a full knowledge of the laws governing the nervous system.

I would add in conclusion, that I can find on record no case of tetanus occurring after removal of the breast, but one, which occurred some years ago in St. Bartholomew's Hospital, and its history is not given.

Frederick City, Md.

ART. X.—*On the use of Chloroform in the Collapse of Cholera.* By
P. C. VAN WYCK, M. D.

BEING employed in the late epidemic as one of the physicians to the Blackwell's Island Hospital, I had an opportunity of seeing a great deal of this fatal disease, and had the satisfaction of trying the different modes of practice, as recommended by the most eminent writers on the subject. So far as the first stages were concerned, about equal success attended each method; and, generally speaking, there were about as many patients cured in that hospital, in proportion to the number treated, as in any other institution of a similar character. Of the collapse cases, the mortality was fearfully large, some however recovered. But as in similar cases elsewhere, all treatment seemed to be of little avail in arresting the fatal progress of the disease. On the 6th of August, however, as the epidemic was about taking its leave, the first case occurred in which the cure could be satisfactorily attributed to the means employed; it was as follows:—

Case 1st.—Emma Marshall was attacked with vomiting and purging, on the 6th of August, 1849—of good constitution, age 22 years—had been admitted into the hospital with syphilitic buboes, which were suppurating; she had had a slight diarrhoea for a few days previous. At the time of the attack two camphor and opium pills were ordered to be given after every stool, and the patient to be kept in bed. About two hours afterwards saw the patient, and found she had been unable to keep the pills on her stomach; the pills were then stopped, and the calomel and morphine powders substituted (three grains of calomel, half a grain of morphine), to be given immediately after vomiting, and enemas of laudanum and tannin after every stool. About four hours afterwards, visited the patient; she was no better, and had vomited the powders in the same manner as she had previously the pills,—the discharges from her bowels were no less frequent,—medicines both of an acid and alkaline nature were then resorted to, in order to check the vomiting, but with no avail. The patient was well covered

with blankets, had hot bricks kept to her feet, and sinapisms over the stomach, and during the whole time was allowed free use of ice. Such was the method of treatment pursued, but seemed (as was often witnessed in similar cases) not to have the slightest beneficial effect. At seven P. M., saw the patient again, with some of my colleagues; vomiting and purging continued—her extremities were cold, eyes sunken and glassy, —cold perspiration on the surface of the skin, tongue cold,—breath cold, face of a leaden hue; pulseless at the wrist; extremities contracted and shrivelled; every three or four minutes seized with violent cramps, and crying out at the topmost of her voice, and in fact, every other symptom denoting a perfect state of collapse was present. Little, if any hopes were entertained of her recovery, and as all previous attempts to exhibit medicines by the mouth or anus had failed, from the fact that they were no sooner taken than they were rejected or discharged, it was decided to try the effects of chloroform through the medium of the lungs, indulging a hope that so long as the patient was under its influence, it might arrest the vomiting and purging, and also render her insensible to the cramps. I had given it before, with camphor dissolved in it, but with no great advantage, since it was then liable to the very same objection as any other medicine introduced into the stomach, viz., it could be vomited; such were the reasons for trying the chloroform. Accordingly, at 8 o'clock, together with Dr. MacNeil, I visited the patient again. During my absence the powers of life had diminished materially. Whilst the Doctor held her wrist I administered the chloroform. The patient was kept under its influence for at least ten minutes; during that time she neither vomited nor purged, nor did she cry out with the cramps; on taking away the handkerchief, however, she soon awakened, and in about five minutes vomited and purged again, and also complained of the cramps. Although there was no permanent advantage gained, still, while she was under the effects of the chloroform she was, to say the least, no worse. The chloroform was again given her, and she was kept partially under its influence, between sleeping and waking, for some length of time. In about ten minutes from the second time it was administered, the pulse could be

perceptibly felt at the wrist, and pretty soon the leaden hue of the face disappeared, and gave place to a faint blush on her cheeks; during that time she neither vomited or purged, and did not appear to suffer at all with cramps. The chloroform acted as a diffusible stimulant, and by establishing a capillary circulation throughout the extremities, appeared to remove for a time the cause of the cramps. Being much pleased with its exhibition, and fortunately having a very reliable nurse in the ward, I determined, if possible, to keep the patient under its influence all night, and thus use it as a narcotic, with the express caution, however, not to interfere too much with the respiration of pure air. From time to time she was allowed to waken, draughts of ice water were given her, and then she was immediately put under the influence of the chloroform to prevent vomiting. This artifice succeeded so well, that before morning she drank a large quantity, and it being retained, of course must have been absorbed. On the morning of the 7th, called to see the patient; she no longer complained of the cramps, the discharges from the bowels had almost entirely ceased, and the vomiting had stopped, although her stomach was irritable, and she complained of a distress and pain over that region. The chloroform was ordered to be discontinued, and a blister to be applied to the epigastric region, and a calomel and morphine powder given every hour, to aid, if possible, in relieving the engorgement of the liver (the powders, however, were soon discontinued and the patient was not salivated). From the time the vomiting ceased, the stools were less frequent, the wonted color returned to her face, and except the pain over the region of the stomach, she was quite comfortable. In the evening, the blister not having drawn, she was cupped over the part; this seemed to give considerable ease. She soon began to take stimulating nourishment, and gradually recovered.

Case 2.—Emma Heard, nurse, 28 years old, had had diarrhœa for three days; syphilitic patient; had been salivated three times in the course of her life; was attacked with Cholera on the 10th of August. I gave her Majendie's solution, 20 drops every two hours; laudanum and tannin injections after every stool, but no calomel; blankets, warm bricks and sinapisms. This treatment, however, seemed to have no good effects, and

the patient soon passed into the stage of collapse. The chloroform was now resorted to, and a blister over the epigastrium, together with ice water. Its action was precisely similar to that in the first case ; the vomiting and purging were arrested, the patient was kept asleep and free from cramps ; she was thus carried through the critical stage of the disease, but in consequence of the severe gastritis which set in, it was some time before she finally recovered. But two other cases where marked collapse set in, occurred during the remainder of the epidemic ; they were both put under the chloroform treatment ; one died and the other recovered. The third case, however, was complicated with enteritis and dysentery.

As a remedy in the collapse of Cholera, chloroform appears to possess the following virtues :

It is the most perfect of all placeboes, when the patient is kept gently under its influence ; diminishes the necessity of giving so much opium as may otherwise be given ; renders the patient insensible to cramps ; checks the vomiting and purging so long as its influence is kept up, and being a preparation from alcohol, has the same diffusible, stimulating effects, with the additional advantage, that it can be given by the lungs. It seems, however, to be more beneficial in those cases in which the patient passes into a state of collapse in a short space of time, before much inflammatory action has been set up in the alimentary canal, rather than in those where they have done so more slowly, and where there is ulceration of the throat and intestines. The tediousness and length of time consumed in administering this remedy, though a serious objection, if the physician be obliged to administer it himself, may nevertheless be met by giving instructions as to the proper method of using it to some reliable person. Further experience must decide the question, as to the extent this remedy is valuable in the treatment of the collapse of Cholera. It is certain, however, that chloroform when used in this manner will control vomiting and purging ; since it controls all voluntary muscular contraction ; renders the patient insensible to the cramps, and will enable the physician to administer as much medicine, and give as much nourishment, as he may think the case demands.

ART. XI.—*History of the "Cholera" Epidemic, as it appeared in the City of Newark, N. J., from June to Oct. 1849.* By J. HENRY CLARK, M. D., of Newark, N. J.

As this article will be read by many who are unacquainted with Newark, some remarks in relation to its situation, &c., are required for the better appreciation of the narration that follows.

Newark is a city of about 35,000 inhabitants. It lies spread over the eastern face of a range of hills, and on a plain which extends down to the marshy border of the Passaic River and Newark Bay. The extensive salt marsh which skirts the shores of the Passaic and Hackensack Rivers, Newark Bay, and the "Kills," contains thousands of acres accessible only in mid-summer, and in mid-winter. These salt meadows are often covered with water, and present the appearance of an extensive lake—haystacks, like little islands, every where dotting its surface. The higher parts of the city command fine views, and, in common with most of the settled portions, enjoy at all times a good atmosphere. Newark is abundantly supplied with pure water, which serves all the purposes for which the Croton water is employed in the city of New-York.

At the risk of extending too much the introductory portion of my article, I would take this opportunity to correct the impression of some of the profession in New-York, who unhesitatingly consign our beautiful city over to musketoes and fever and ague.

That part of Essex county which forms the basin of the Passaic, and extends from the heights of Morris to the plains of Somerset, has always been subject, more or less, to intermittent disease. Of late years, however, this tendency has greatly decreased, and comparatively few cases occur, except those of a mild character, and in certain unhealthy localities. The same thing may be said of the upper part of Manhattan Island; and the whole western third of Long Island, except that which is washed by the surges of the Ocean, has always been subject to intermittent disease during every spring and autumn. Newark extends very rapidly, and is encroaching upon the low grounds on the east side; while pools are being filled, and drainage is so carefully attended to, that those places which hitherto have been a cause of reproach, are now healthful and pleasant. It is hoped that the time is not far distant, when we shall know but little of intermittent disease.

Patients are frequently sent to a place where intermittents prevail,

for the relief of pulmonary diseases ; indeed, it is now universally conceded by the profession, that the atmosphere which produces intermittents is prophylactic of other diseases. Whether from this or some other causes, the climate of Newark is decidedly favorable in some forms of diseases of the respiratory organs—various diseased conditions are frequently relieved by a removal to our atmosphere, and that, too, even from the hilly districts of Morris county. With the single exception of the prevalence of intermittent disease in our suburbs, (and even that, it will appear, has its advantages,) no city in the Union is more pleasantly situated with regard to healthfulness, cheerfulness and beauty.

A substratum of sand underlays the valley portion of our city, which greedily absorbs the moisture lying upon the surface, so that our streets, though proverbially muddy at some seasons, dry quickly, and give us good roads most of the year.

I beg, before leaving this part of my subject, to call attention to the following tables showing the proportionate mortality of Newark, which, I trust, will *entirely relieve it from the charge of insalubrity*. Newark is but a suburb of New-York, and the great city must soon overrun this way. It is now almost as easy to reach Newark from the lower parts of Broadway, as to reach Union Square ; and at night, after the omnibuses are running full, much easier. When, by reduced fares, it will be cheap, as well as easy, those seeking residences out of New-York, will surely prefer our vicinity to the route of the "Hudson River Railroad," as recently proposed in the New-York papers. The following is a table of the proportion of mortality in cities of about our population, mostly in the same latitude, and many of them, like ours, devoted in a considerable degree to manufacturing pursuits.

In Philadelphia, one year, the proportion of interments to the population, was 1 to 45 ; Boston, 1 to 41 ; New-York, 1 to 38 ; Charleston, S. C., 1 to 40 ; Baltimore, 1 to 45 ; Jersey City, 1 to 46½ ; New Haven, Conn., 1 to 47½ ; Providence, R. I., 1 to 36 ; Charlestown, Mass., 1 to 57 ; Cambridge, Mass., 1 to 47½.

Looking across to Europe, we find the proportion in London, 1 to 40 ; Glasgow, 1 to 44 ; Manchester, 1 to 44 ; Geneva, (Switzerland), 1 to 48 ; St. Petersburg, (Russia), 1 to 37 ; Berlin, (Prussia), 1 to 34 ; Brussels, 1 to 26 ; Paris, 1 to 32 ; Lyons, 1 to 32 ; Madrid, 1 to 29 ; Nice, 1 to 31 ; Leghorn, 1 to 35 ; Naples, 1 to 28 ; Palermo (Sicily), 1 to 31 ; Rome, 1 to 25.

Now let us compare the proportion of interments in our own city

to the population : In 1841 the proportion was 1 to 47 $\frac{1}{2}$; in 1842, 1 to 56 $\frac{1}{2}$; in 1843, 1 to 53 ; in 1844, 1 to 63 ; in 1845, 1 to 54 $\frac{1}{2}$; in 1846, 1 to 69 $\frac{1}{2}$; in 1847, 1 to 69 $\frac{1}{2}$; in 1848, 1 to 54.

These cities have been referred to, only because the statistics were accessible. It will be perceived that we have *never sunk below* the most favored cities, and the proportion *has risen higher* than that of *any city* quoted.

In a city of the size of Newark, there are peculiar facilities for collecting statistical information which develope facts alike interesting to the profession elsewhere. Until every fact has been chronicled, and the laws which regulate the course of this mysterious epidemic, which, three several times, has travelled to us from its Oriental birth-place, are entirely understood, all that relates to the subject will prove of interest and profit. Newark has suffered less than many other cities, and less in proportion to her population, than some of the smaller towns in New Jersey. Other diseases seemed to stand back and give up to the august visitor all the work of death. From the 1st of June to the 1st of October, our city was remarkably healthy, except with regard to the class of diseases evidently produced by the mysterious agency. The same remark I find was made with regard to the epidemic of 1832.* There died by Cholera between the 1st of June and the 1st of October, 1849, as nearly as can be ascertained, *one hundred and forty-eight*. By diseases of the bowels, not called Cholera, one hundred and one. Between the same dates, in the previous year, there are reported sixty-nine cases of deaths by diseases of the bowels.

In 1832, with a population of 11,000, there were reported from July 7th to Sept. 1st, *fifty-six* deaths. The record of September I have been unable to find, but understand that very few cases, if any, occurred after the 1st Sept. Adding seven deaths for Sept., (the same number that occurred the present year after the 1st of Sept.,) we have *sixty-three deaths*. Our population now being about 35,000, the mortality, it will be perceived, was a little greater in 1832. It is said by those who observed the disease in 1832, and also during the recent epidemic, that in 1849 it more readily yielded to treatment, if seen early, and fewer cases of diarrhœa ran on to a fatal termination in Cholera. The disease was better understood, premonitory symptoms better observed, and there prevailed far less panic.

* In 1834, 17 deaths occurred at Bergen Hill, five miles distant, but the disease did not reach Newark, although so fatal in New-York.

Early in the season it appeared at the Quarantine on Staten Island, being apparently imported in the packet ship *New-York*. It prevailed for a time within the limited space occupied for sanatory purposes, hardly extending itself beyond the "cordon sanitaire." Again, the disease appeared in the same locality, and the hospitals received new recruits by every emigrant vessel that arrived unduly loaded with human freight. Soon (as in 1832) the shores of the Mississippi and its tributaries became the theatre of the deadly operations of the invisible destroyer. Like the torrent of lava that moves but a few rods every day, while nothing short of Divine power can stay its progress, or turn its course, as it approaches the beautiful city or the highly cultivated vineyard, so, slowly, but surely, approached the plague, till at length we heard of its appearance in the city of New York. The presence of the dreadful visitor was then at length reluctantly acknowledged, and the Board of Health was appointed. Still we were for a time spared. Indeed, we never saw much of the Cholera in Newark till it had nearly ceased in New York. In the month of June there occurred but five deaths from Cholera, and seven from other diseases of the bowels. The whole number of deaths reported this month was 37; last year there were reported in June, 39 deaths—3 of diseases of the bowels.

In July, the general health continued good, and the weather was delightful; still there occurred 55 deaths from Cholera, and 26 from other diseases of the bowels. In the corresponding month of 1848, there were 19 deaths from diseases of the bowels.

August opened favorably. During the first two weeks the cases were few and scattered, and we believed that we were thus lightly to escape. The disease was rapidly decreasing in New York. Public confidence was becoming restored, and business in every department revived; more especially in the hitherto deserted vegetable markets. But we were doomed to a dreadful disappointment. There was to come a fiercer onset, reaching even to the better classes and the best positions. From the 12th, cases rapidly multiplied, until the 24th, when the epidemic seemed to reach its culminating point. From the 15th to the 24th, there occurred about ten deaths a day, and all forms of medical treatment seemed to lose their usual efficacy. Diarrhœa became collapse before the patient thought himself in danger, and the physicians seldom saw patients till the fatal period had arrived. After the 24th the disease became again more manageable, and very few died who were seen in season. In August, there were 82 deaths from Cholera, and 44 from other bowel complaints. In

August of the previous year, 23 fell victims to the latter class of diseases, and many of those among the imprudent.

In September there occurred but 6 deaths from Cholera, and 19 from other diseases of the bowels. The year before, 17 deaths from the latter class of diseases are recorded.

In October, 2 deaths occurred by Cholera, and 5 from other kindred diseases, while in the preceding year 7 fell victims to diseases of the bowels. The commencement and progress of the disease was marked by the same phenomena which attended it in other places.

Its malignity was less than our size, our proximity to New York, and our recently arrived foreign population, would lead us to anticipate. Except during a single week, most cases, seen in season—unless there were present some of the powerfully exciting causes—yielded to proper treatment. Indeed, I believe, that, in the experience of our oldest practitioners, *no violent disease more readily yields to treatment, if medical aid is called early, and the requirements of the physician are strictly complied with.*

Although the remote causes of the disease are enveloped in impenetrable mystery, among the facts that we do *know*, are these: that its favorite place of development is where *filth* abounds; where *many are crowded into too small a space; and where noxious exhalations arise.* In 1832, many cases occurred in the *very same localities* that were visited this year. There was, however, a group of cases that year in Walnut-street, where, I believe, no case occurred during the past season. That part of the city has changed in character, and it is not evident what were the exciting causes, if any existed at that time. During the present year there occurred about ten cases of Cholera in *Commerce-street*, between the corner of Mulberry-street and the Market; and I am told that cases of diarrhœa occurred in almost every house between these points. The causes here are less evident than in some other places. In two other points in the East Ward, *Gallagher's court* and *Durand-street*, both remarkable for their crowded and filthy condition, the cases were numerous and fatal. *Maiden-lane* and *Washington-street*, and the vicinity of the filthy dead stream that flows through that part of the city, and the low grounds in the rear of the "nine row," in *Summit-street*, were the most fatal localities in the West Ward. In the North Ward, *Quarry-street*, and some parts of *Plane-street*, where streams flow on the surface, most of the fatal cases occurred. In this Ward, surely, the disease seemed to incline to filthy and badly ventilated houses. In the South Ward, groups of cases occurred in the vicinity of the

Chesnut-street depôt. Whether influenced by the low grounds in the vicinity, and consequent malarious atmosphere that prevails, I would not express an opinion.

It is very certain, that cleanliness is one of the most important means of preventing disease. I would impute blame nowhere ; but it is wise to learn from experience. It has been well said, that man, with regard to the past, present, and future, is like a person reading one of those curious signs that spell in one way as you approach, another as you arrive opposite, and still another reading appears after you have nearly passed by. In looking at this subject in retrospect, I believe that it will appear evident to our most excellent city authorities, that had a *few hundred dollars been judiciously expended in due season, human life might have been saved*. It is incontestably *proved*, that *filth, dampness, the effluvia from vegetable decomposition*, and that arising from *collections of human beings in a confined space*—all give malignity to the disease, and—as the pointed rod draws electricity from the surcharged clouds—*attracts* the deadly poison.*

A large majority of the whole number of cases occurred in the localities alluded to, and in others of like character, and it has often been remarked that, with very few exceptions, those towns in which sanitary regulations were most promptly enforced, escaped with fewer deaths.

* While I am writing, I perceive that, by the latest accounts, about 20,000 persons fell victims in twelve days at Siam, the inhabitants of which are remarkable for their filthy and crowded condition. It is said that 2000 to 3000 died daily. It is also said, that within a radius of 25 miles, 30,000 had died within two or three weeks.

When I visited the Island of Sicily in 1840, I heard, without surprise, that 16,000 died of Cholera in 1832 at Catania, (more than were destroyed by the earthquake in 1666,) and 40,000 victims fell in Palermo. These cities are filthy in the extreme, and the personal habits of the people are so uncleanly, and the houses so crowded,—none, even the Prince, occupying a separate house—in the words of the English consul, who lived it through, and furnished me with many graphic details, “ I only wonder that the mortality was not far greater.” In visiting the cities of Europe, I learned that the Cholera had prevailed with a fatality about in proportion to the filth of its inhabitants, and its situation with regard to ventilation and sewerage.

If said that more filthy places escaped the invasion, or those more damp, it only proves that the disease seems to have no fixed laws. When the Cholera prevailed in London, Houndsditch and Petticoat Lane, in the Jews’ quarter, remarkable for confined air, filth and wretchedness, quite escaped. Nor does it prove any thing, that a few, peculiarly susceptible, perhaps, of good habits, in favorable localities, fall victims to the disease.

TREATMENT.

The treatment employed was mainly the same that has been found most successful, and has been approved by eminent practitioners and able writers, who have seen most of the disease in India, and in the course of its progress to the Atlantic seaboard. Those who saw most of the disease in 1832, and whose treatment was followed with the greatest success, adopted the same general course. As is usual, the profession were blamed by some for not abandoning, even with our comparatively little experience, valuable precedents, and adopting some of the thousand nostrums, or *systems*, so called, plans newly devised, founded upon very limited observation. They charged the profession with not having learned any thing of the treatment of the disease, because it destroyed life; forgetting that if it did not kill, it would cease to be a plague.

Looking back over sixty of the most eminent authorities in Asia, Europe, and America, of the remedies most generally relied upon, calomel, opium, and camphor stand at the head of the list, in about the order in which they are here placed. Upon the judicious adaptation of these remedies the profession mainly depended. I believe that the experience of the past summer has sustained the general plan of treatment which has been sanctioned by past experience, and high authority.

Reports have been industriously circulated to the discredit of the practice of the regular profession, and statistics of success have been published, moreover, by those who would illustrate the value of some new found modes of treatment. It would be easy to show how these *ex parte* reports were made up, and upon what insufficient grounds the name of *Cholera* was given to some comparatively unimportant symptoms. Now, all these figures are entirely worthless, *for the want of a definition*. Adopting as the definition of *Cholera*, *diarrhœa without pain (with or without vomiting), a choleric expression, sinking pulse, the flesh having a peculiar inelastic doughy feel, and the extremities being at a lower than natural temperature*, there came under the treatment of physicians who adopted the general course referred to, as can be learned by careful inquiry, about *two hundred and forty cases* which were seen before the period of collapse. No case can be more hopeless than a perfectly collapsed patient, although occasionally one recovers as if by a miracle. (One physician reports 9 cases recovered from partial collapse.) Of the 240, 32 died—or about 12 per cent. As near as can be ascertained, more than three

thousand cases of diarrhœa came under treatment during the prevalence of the epidemic, many of which must have terminated in Cholera, which were relieved.

A friend of mine in New-York, who saw much of the disease in 1832, has a record of 1000 cases of diarrhœa treated successfully during last summer, and *forty cases* of Cholera, adopting the above definition, with a loss of *three*. He pursued mainly the course of treatment generally adopted. I could quote from the experience of some who have been in positions to see very much of the disease during the past summer, with results equally favorable. Make very liberal deductions from the above reports, and in the present state of medical science, we can scarcely hope for any result more favorable. When seen before collapse, unless some fatal indiscretion had complicated the disease, or the habits of the patient rendered him peculiarly obnoxious to attack, we expected a favorable result.

The honest inquirer after truth is less embarrassed, after all, by those theories that call for an entire abandonment of all precedent and authority, than by professional quackeries. Physicians who, to obtain notoriety by printed books, or in other ways, declare against some of the remedies most confidently relied upon by the profession, embarrass those who look towards the fountains of medical science, just in proportion to the distinguished reputation of the authors. Thus, in magazines or pamphlets, one declares that opium will kill ; another, that it is indispensable in the treatment of the disease ; and thus from some respectable quarter, every prominent remedy is in turn denounced, and some pet among them elevated to the most important place. This inevitably leads to vacillating treatment, and a want of confidence in all remedies. During last summer a physician of New-York, in a pamphlet, published in the very height of the epidemic, tells the public, that he treated seventy cases in July, and lost not one, though called to some of his patients in the stage of collapse. He says, "I always lost those to whom I was called in consultation." He declares against calomel, but advises opium in heroic doses. In other respects, his treatment does not differ from most others of his brethren. The Cholera specifics—so called—and the prescriptions of the publishing doctors, were mainly those belonging to the plan of treatment generally approved : of many of them it could be said, the good was suggested by another, and the original was good for nothing.

Coincidence of opinion among the members of the profession is of the greatest importance ; for the particular *form of treatment*, after

all, seems to be scarcely more important, than that the public should confidently rely upon their medical advisers. In times of epidemic, *reliance* upon the efficiency of medical direction leads to a desirable quietude of mind, while a lack of confidence is surely succeeded by a panic. It is true, on this subject as in the administration of laws, that bad laws, well administered, are better than good laws badly administered.

CAUSES.

In relation to the proximate causes of the disease, some discrepancy of opinion will be found to exist. With regard to the exciting causes before alluded to, in 1832, Mr. Wm. Tuttle, in his report as Secretary of the "Newark Board of Health," July 16th, thus says: "The nine cases, with two exceptions, have occurred in one locality, and that the most filthy the town affords."

I find in the files of the Newark Daily Advertiser, a report by Dr. Samuel H. Pennington, as Secretary of the "Essex County District Medical Society," dated July 31, 1832, in which is the following record: "The cases of Cholera attacking persons of regular and *temperate habits*, have been *few* and the *least fatal*. In *almost every instance*, minute investigation has shown some error in diet, or some indulgence of appetite, which invited the destroyer." Surely this has been the experience of the past year. The intemperate, the imprudent, the aged, and those disposed to chronic diarrhœa, or who were otherwise enfeebled, have mainly furnished the victims. An intelligent writer in Cincinnati, in view of the epidemic says: "I have remained with my family during the whole season, and have felt little alarm, even when death has occurred almost without premonition, so much confidence do I place in prudence and regularity in all our habits." No case has occurred, as far as I can learn, unpreceded by diarrhœa, and a very few cases where the premonitory symptoms have not given timely notice of attack.

The predisposing cause of the disease appeared to be found in that peculiar inappreciable state of the atmosphere which produced in all lassitude, pain and disquietude in the bowels, and a disposition to diarrhœa. Among the exciting causes, may be named, the accumulation of filth, the crowding of apartments unduly with human beings, intemperance, the eating of unripe and uncooked vegetables, or eating too freely of those which were ripe and properly cooked, of shell-fish, and mushrooms, excessive fatigue, or assiduous attendance upon the subjects of the disease, while in a condition of peculiar suscep-

tibility ; and some cases of fatal attack seemed to be caused by great fear of the disease before its invasion. If, after an attack of illness, the patient seemed to suffer from extreme apprehension, the presumption was, that the disease was not Cholera. Many who feared it most before the attack, displayed all the insensibility to danger, that characterizes the disease after it is developed.

The universal feeling of insecurity and danger, led to the habit of perpetually dosing for every pain, or inconvenience, and the *over-dosing*, advised and unadvised, which was generally practised, undoubtedly produced susceptibilities, and I believe often produced the very attack that they were intended to prevent. Most of those mixtures contained opium, which caused constipation and general derangement.

Many have eaten unripe and ripe vegetables the whole season with impunity, and insist upon the propriety of such diet. We have had abundant facts to show that a wise man could not pursue such a course. Those who will eat at the hazard of their lives point triumphantly to some case of death, where the subject has been singularly prudent. While a prudent diet did not save all, an imprudent diet did not always kill ; but this neither proves the wisdom of imprudence, nor the absurdity of great care in seasons of epidemic disease. The eating of green corn, of shell-fish, and mushrooms, were each followed by death too speedily to doubt the effects of the cause.*

The driver who should run the wheels of his carriage within a few inches of a fearful precipice without parapet or defence, when he could as well place a mile between him and the point of danger, would be no more blameworthy than he, who, in times of epidemic, spreads before his family that food which *may* and does provoke the dreaded attack. Great care with regard to diet does not imply sudden and violent changes in dietetic habits, which would be an evil ; nor an abstinence from animal food, which would be unwise. The system should be well nourished with good food, and, as far as possible, the general standard of health carefully maintained.

The disease prevailed one hundred days in Newark, and there died of Cholera, 87 males and 63 females. The proportionate ages

* During the Cholera of 1832, the keeper of the Poor-house in Poughkeepsie being absent, the inmates found their way to the garden, and broke through the wholesome restraints hitherto enforced, and ate freely of vegetables. The result was, that in one week, 85 cases of Cholera, and 50 deaths occurred.

were something like the following (the reports were not given in carefully enough to make an accurate statement). Under ten years, 28; between ten and twenty, 34; between twenty and forty, 49; between forty and fifty, 18; over fifty, 51. Very few colored persons died during the present season: the proportion of deaths among the native and foreign population were about equal.

In 1832, a large proportion of the deaths were from the native population. A considerable number of the victims were among the colored population in 1832. The reports were more inaccurate than the past year. It would appear, however, that in 1832 about one-third of the reported deaths were over fifty, and about one-quarter under six years of age.

The impression which early became current, confirmed by the testimony of some physicians, that *brandy* was a *prophylactic* of *Cholera*, was productive of evil; it tended to increase the number of victims of *Cholera at the time*, and the victims to *intemperance afterwards*. Those who entirely abstained from intoxicating drinks, on the whole, suffered far less than those who drank. Of the "Sons of Temperance" and the "Reckabites," the only temperance organizations which then existed, *none died*; and the Methodist denomination, which requires total abstinence as a condition of membership, lost but two out of 1500 members who are attached to their communion.

CONTAGION.

With regard to the mooted question, *is the disease contagious?* we have gained, I think, some valuable experience during the past summer. It has hitherto been believed by many, that the impression of non-contagion was, on the whole, the safest, as it tended to prevent panic, and the sick were more likely to be cared for. We have learned, that a due appreciation of the extent to which the laws of contagion apply to this formidable epidemic, would have prevented its introduction into our Alms House, where the inmates were peculiarly susceptible, and where the disease has always spread with fatal rapidity. In 1832, when the laws of the disease were to be learned, quarantine was established between those villages which the disease had not reached, and the larger towns. When disposed to go, it was found to pass every barrier, and, apparently, "borne upon the wings of the wind," it traversed oceans, crossed mountain and plain, with unerring certainty. Again, where not disposed to travel, it could not be carried. The Norwalk (Ct.) Gazette of Sept. 1832, says,

"Fifteen thousand persons have crossed through this place, in their flight from Cholera, and our hotels and boarding-houses have been filled to overflowing: *still no case has occurred.*" On the other hand, it is difficult to account for phenomena such as was exhibited in a group of cases that occurred at Rahway. The first two were caused, it would seem, by imprudence in eating; several others, who appeared well, seemed to be subjects of attack merely on account of their vicinity to the fatal cases. Some of the victims had been watching the sick, and their panic, and probable susceptibility, may possibly account for their attack. The history of the introduction of the disease at the quarantine, on Staten Island, by the ship New-York;* the fact that it spread from the *sick only*; that *none* who cleaned the vessel or washed the clothes were taken; that a Cholera patient being placed in a ward with a patient ill of quite another disease, during the night, without the knowledge of the previous occupant, who was found sinking into collapse in the morning; corroborate the evidence furnished by our experience in Newark, that *an atmosphere is generated in the apartment of the sick of Cholera, which will be communicated to those who are in any way rendered susceptible of attack.*

The facts, as developed after the experience of 1832 and 1849, are partially brought to view in the able report of the Committee appointed by the "Essex District Medical Society," in 1832, consisting of Doctors J. B. Jackson, I. M. Ward, and Whitfield Nichols: "Few, if any, will ascribe contagion, in the ordinary sense, to spasmodic Cholera; while some contend for what is called contingent contagion—i. e., a contagious principle, which is averted only in circumstances favorable to its development; such as filth, ill ventilated places, and in persons by *certain causes* rendered susceptible to its influence. This view of the subject, it appears to your Committee, must be considered an assumption of the question at issue, until it can be shown that those circumstances, which are acknowledged to be indispensable to its propagation by contagion, operate not as strongly on the presumption of its being purely an epidemic disease, dependent on a peculiar condition of the atmosphere, and attacking more particularly those in whom, from whatever cause, a predisposition has been contracted." It is now evident, that "those circumstances" usually considered indispensable to the spread of disease by contagion, are evident in Cholera. Where the predisposition exists,

* Vide Dr. Sterling's Report on Cholera, at Staten Island.

whether by the causes named, or others, or is produced by want of rest, and anxiety, the atmosphere of the sick contains the *germ* which propagates the disease. No physician has failed to observe the peculiar odor which pervades the atmosphere of the sick chamber, which is as pathognomonic of the disease as the pulse or expression of the countenance. I could quote several cases where whole families *became susceptible*, and exhibited symptoms of the disease after two or three days continuance of a case or cases under the same roof. Indeed, the rule has rather been, that more than one victim was taken from the same house, and the exception otherwise.

Let us look at our experience in relation to the Alms House. July 15th, 1832, Mrs. McLaughlin, being attacked with Cholera, was removed to the Alms House, in which no symptoms of the disease had appeared. July 16th she died; also, her husband, who the same day had been removed, apparently well, from the *infected* house. On the 19th, the disease attacked the inmates with its usual virulence, and deaths followed for some weeks. Overlooking or forgetting that sad experience, or probably for the want of a "Board of Health," whose duty it would have been to *remember* a fact of such importance, on the 16th of July, 1849, a man was found upon the road between Newark and New-York, while in an advanced stage of Cholera, and taken to the Alms House. The result was, of course, the same as if a match had been thrown into a powder mill, or a flaming firebrand placed among a heap of combustibles. The infection took, and *thirty-eight* deaths followed, including the worthy Superintendent. Surely, those who maintain that typhus fever is contagious, must also put Cholera in the same category. If the Cholera should again visit us, we shall have learned that it is *unsafe, in a high degree, to introduce a Cholera patient among those who are predisposed by habits and position, to an attack of the disease*; and that nurses for the sick should not be selected from the number of those who, for any reason, are *susceptible*; nor should they continue in such employment *a moment after such susceptibility is manifest*. It is believed, by some, that, for years, we shall be called to treat cases of this disease. Every fact, therefore, which can be established, to regulate our treatment, or enlighten our views, will prove important and interesting to the public and the profession.

PART SECOND.

CRITICAL ANALYSIS.

The Transactions of the American Medical Association. Instituted 1847. Vol. 2, 1849. Philadelphia. Printed for the Association by T. K. and P. G. Collins. 1849. 8vo. pp. 956.

THE second volume of the Transactions of the American Medical Association having, after considerable (we are sorry to say) unnecessary delay, been published, we have thought best, even at the expense of delay in our other arrangements, to give in this number a leading review of its principal contents. This we have been led to do, believing that many of our numerous readers will not be able, from its great size and limited circulation, to peruse it in extenso. In the winter of 1845, when the initiatory steps were taken in the halls of our own State Legislature which led to the formation of this Association, we felt the inward assurance of the near approach of better times for the profession in this country; the assurance that results would flow from the organization, of vital interest to the science of medicine. This assurance, we rejoice to say, has been realized. We have seen gathered together in deliberate council, on the occasion of its annual meetings, the wise men of the profession from every section of the country. We have seen our successful efforts hailed with joy by the great of other countries, and the recognition of fellowship extended to the delegates of our Association by them. While, therefore, much has been accomplished, there yet remains (at least so it seems to us) much to be done. In the volume before us we see many valuable suggestions which, if adopted, we feel confident will help materially in the more successful development of the resources of the American medical profession. While in this review we may freely discuss these or any other suggestions, we feel

it a duty to state, that we desire to be actuated wholly and entirely by the best interests of the profession at large, and sincerely hope that we shall be understood throughout as discussing principles, not men.

From a "Notice" inserted in the volume by the publishing committee, we learn that a part of the delay in its early publication, which we have styled unnecessary, arose from the fact that after all the necessary arrangements for the immediate printing and publication of the volume had been made, and the work fairly commenced, its further progress was arrested "in consequence of nearly all of the committees having retained their reports for revision or completion, and it was not until after considerable delay that these reports could be obtained, although repeated applications were made for them." And as if this was not alone sufficient, "another cause of great delay was the demand made by the authors of several of the reports, that the proofs should be sent to them for correction, thus rendering it necessary to forward proofs to nearly the extremities of the Union; and, in some instances, even duplicates—the originals having failed to reach their destination." To remedy this great and unnecessary delay, the committee very properly suggest "that the several committees should bring their reports to the meetings complete and legibly transcribed, so that their authors may feel satisfied that the printers will decipher them correctly; and also that the reports should be handed to the Secretaries immediately after being read." The reasonableness of these requests of the committee we hope will appeal sufficiently to the understandings of those to whom they are made, and lead to a full compliance with them at the next annual meeting. And if this should not be the case, we hope the committee will be prepared to ask that a provision for the same be made in the by-laws of the Association. No one thing has caused us more trouble as journalists, than the delays caused by indistinctness of MSS., and the timely return of proofs.

The volume of Transactions opens with the minutes of the Second Annual Meeting of the Association held in Boston. A synopsis of it having appeared in our last July number, we shall pass directly to a notice of the Reports of the several Committees.

Report of the Committee on Medical Sciences.—This, although not the first report presented and read to the Association, is the first in the volume, and occupies a little over eighty pages. By reference to the minutes, we find that it appears it have been referred to the Commit-

tee on Publication without reading. This circumstance may be accounted for by the fact that its author was not present at the meeting ; or perhaps its length may have prevented. The principle involved in such a disposal of reports is open to objection, and to say the least is questionable in more than one point of view. If reports are properly prepared, and are confined exclusively to the subjects which are pointed out by the " regulations " under which the committee act, we believe it the duty of the Association to hear them read before they are referred. In the report before us, the committee have not followed out the letter of the regulations under which they act. Like their predecessors, they have not confined their notice or retrospect " to the progress of the Medical Sciences in America during the year of their service," but have waded through the periodical literature of Foreign, almost at the expense of that of our own country. Of the actual necessity of such a course we have not a clear view. In Braithwaite's Retrospect and Rankin's Abstract, which have an extensive circulation among our physicians, we have a very perfect synopsis of the improvements in the Medical Sciences abroad—not so, however, of our own country. They are remarkably deficient in the subject of American literature, and if we mistake not, we find in this circumstance a forcible and positive reason for following out to the letter the instructions contained in the section under which reports are prepared. This report presents a fair synopsis of the principal improvements noticed in Foreign and American journals, and to those who have not read the half yearly journals noticed above, it will prove interesting and repay a careful perusal.

Report of the Committee on Practical Medicine.—After the presentation and reading of the report of the Committee on Publication, and also that of the Treasurer, this report was called for and the reading of it commenced. Before its completion, however, its further reading was suspended, and it was referred to the Committee on Publication. Having spoken of the objections which such a course brings to our mind, we pass on to consider its contents. It occupies, together with its appendixes, about eighty pages. The greater portion of it is consumed in considering the rise and progress of the leading epidemics during the preceding year. It presents a very good and satisfactory account of the epidemic diseases during the year of the service of the committee, among which we see mentioned Typhus Fever, Scarlatina, Rubeola, Dysentery, Erysipelas, Cerebro Spinal Meningitis, Yellow Fever, and Epidemic Cholera. Appended to it

are four appendixes: On the Prevalent Diseases of Swedesboro', N. J. ; On Dysentery, as it prevailed in Cambridge, Mass., in the years 1847-8 ; On Bilious Fever, as it prevailed in the eastern portion of New Jersey ; and on Erysipelas, as it prevailed in the eastern portion of New Jersey. Most of the leading facts embraced in the body of the report having already appeared in this journal, we do not deem it advisable to pass them in review. Not so, however, with the appendixes. The facts therein presented have not been before our readers. We shall therefore give each a hasty sketch. Dr. Garrison, in the report which stands first in the enumeration above, says that in the spring of 1848, and the latter part of the winter of 1847, Scarlatina ravaged terribly a portion of the district. The disease was remarkably fatal, and of about 130 cases, 13 died. Of the cases which proved fatal, some few died with severe anginose symptoms, the swelling of the throat being so great as to interrupt respiration and deglutition. Others died from the sequelæ hydocephalus, &c. The greater portion, however, died soon after the invasion of the disease, with a train of symptoms which seemed to indicate a high degree of malignancy. These cases generally sickened with vomiting and purging ; soon after which the head showed signs of being very much affected. The eyes were wild in their expression, and there was a tendency to delirium. There was an anxious expression of the countenance, and the pulse was very quick and frequent, 120 to 140 in the minute. The skin was intensely hot ; the eruption fully out, and of a very dark livid color. The patient constantly chilly. The fauces but little swollen, having a pulpy appearance, with little or no signs of ulceration ; but the whole throat looking almost as if covered with a quantity of dark-colored jelly. The cavity of the mouth and the tongue were also of a dark red color. There was scarcely any swelling of the glands at the angle of the jaw, but in some cases there was constant muscular twitchings of the limbs. The fatal course of these cases was very rapid. In some death occurred in forty-eight hours, the active symptoms being followed by coma, which was very soon succeeded by death. The peculiarity of these cases seemed to be the early occurrence of head symptoms, accompanied by the peculiar appearance of the fauces, and the absence of swelling of the glands at the angle of the jaw. Of the thirteen fatal cases, six had this character decidedly. The treatment instituted was purging in the early stages, which had very often the effect of promptly checking the vomiting and purging. In the anginose cases this treatment, together with capsicum gargles, says Dr. G.,

succeeded well, but in the malignant cases it was useless, nor was any other found of service. The prevalence of dysentery and influenza is noticed, but no new feature was presented in them.

The second appendix by Dr. Wyman, states that epidemic dysentery appeared at Cambridge about the middle of July, 1847, and proved most severe at the onset. The symptoms of its invasion we learn did not differ materially from other epidemics of the same disease. The treatment, says Dr. W., which in the main was found most successful, was as follows: A dose of castor oil was first administered, unless diarrhœa had preceded. After two or three evacuations were procured by these means, a full dose of opium was given sufficient to quiet the pain and tenesmus, and repeated each hour if the stools were too frequent, and if they were not, after each stool. Enemata of an ounce or two of starch and laudanum were considered more immediately beneficial when they could be borne. The cathartic was not repeated oftener than once in three or four days. Although the narcotic treatment, says Dr. W., may not have arrested the disease, it is believed that under its influence the inflammation of the bowels was less severe, and passed through its stages in a shorter time, and certainly with far less suffering to the patient, than under any other treatment which was tried.

In the treatment of the disease described in the third appendix, Dr. Frithian observes, that in almost every case the system was unduly excited, and that from this circumstance bleeding was determined upon as the remedy best adapted to this state of things. When this is resorted to the vein should be kept open "*until the heart gives up,*" and the patient complains of faintness or syncope. Let this be succeeded by a purge of neutral salts to unload the bowels by free evacuations, and the probability is that if it is a continued fever, it will be converted into a remittent, and if a remittent into an intermittent, when quinine may be given, and the disease arrested at once; or if this be not the case, the disease will run its course much more safely, or be much less likely followed by serious consequences.

In the fourth appendix, the only point of particular importance is Dr. Frithian's views in relation to "Erysipelas of the respiratory mucous membrane." He relates several cases to confirm the correctness of his pathological deductions. The diagnostic symptoms are not easily observed, by which the two affections of ordinary pleurisy and erysipelas may be distinguished when they attack the chest. He says, I have thought the pain was less acute, although not less severe, in the latter than the former disease, the former being a

sharp cutting sensation, the latter what may be called a "big pain," deep, large, and heavy. The cough is less urgent in the latter, and the expectoration less. Dr. F. believes that this disease does affect every organ in the body, internal as well as external.

Report of the Committee on Surgery.—This report is confined entirely to the improvements of surgery in this country. In it we see no manifestation of that spirit of *omnia gatherum* which characterizes some of the reports. It occupies a little over twenty pages of the Transactions. The subject of anæsthetic agents first claims the attention of the committee, especially the *comparative value* of chloroform and ether. In the present state of our information it may not, and we think will not, be deemed advisable to draw any definite conclusions to guide us in the choice of these agents; nor have we as yet recorded results sufficiently numerous, to guide us in the judicious choice of these agents. At the present time sulphuric ether and chloroform are the only agents of this class which contend for, or claim the confidence of the profession, and as there has occurred, up to the present time, not less than twenty-six striking cases of death, regarded as plainly attributable to the administration of this (chloroform) agent, it behooves us to follow the committee somewhat closely in their review of the comparative value of the two. With the committee we believe, that "it is a rational inference, that any agent sufficiently powerful to render the living system insensible to the pain of a severe surgical operation, (lithotomy, for instance,) must exert a tremendous influence upon the vital powers," as it is also "rational to suppose, that such powerful impressions will sometimes be injuriously exerted, and that that which is so powerful for good, will occasionally be equally so for evil." While passing in review the circumstances which indicate the comparative safety of these two agents, we find the committee using the following language: "Chloroform is, undoubtedly, by far the most powerful anæsthetic agent, and least annoying in the act of respiration. Facts would seem to show that, in proportion, it has been more productive of fatal results." While, therefore, this much is said of chloroform, we ought to bear in mind the fact, that the use of this agent is far more extensive and deep-rooted in the practice of the profession, than that of sulphuric ether, and that with the committee we are induced to believe, that it (ether) "is by no means the innocuous principle which some have believed it to be." Its warmest advocate in this country "admits that there has occurred one well-attested case of

the fatal effects of ether." He also admits "that from five to ten cases are on record, in which fatal results have more remotely followed its use, and in regard to which there is some reason to accuse the agent." While taking into consideration the fatal results of the use of these agents, we must not lose sight of the fact, that the successful results of operative surgery have advanced at least 15 per cent. since the introduction of these agents, and that there are probably many articles of the *Materia Medica* which, unhappily administered, occasionally determine fatal results with as much certainty as chloroform or ether.

Dr. Warren, in his little treatise on etherization, "advocates the use of *chloric ether* as an agent, safe in comparison with chloroform, and more available than sulphuric ether. This article, however, he is aware, is nothing more than chloroform largely diluted with alcohol." To most of our readers it will be remembered, that the unpleasant effects which have followed the use of chloroform and ether, have been attributed to the accidental presence of alcohol in them. The committee, it appears, believe that "it can only modify the effects by diluting the vapor of chloroform with that of alcohol;" and further, "that nothing so happily dilutes these agents as common air, and that it is quite evident that many of the unhappy results from chloroform, are attributable to a neglect of its due admixture with air." In reference to the reports of cases by Dr. Warren, illustrating the effects of chloric ether, the committee state, "that we believe that chloroform, undiluted with alcohol, would have been equally successful in the hands of one so judicious and well informed." After reviewing the whole matter in relation to the comparative value of the different anæsthetic agents, the committee have arrived at the following conclusion, viz. : "Of the anæsthetic agents, chloroform is decidedly the most efficient and facile of respiration ; but, being most powerful, is, at the same time, most dangerous, when incautiously employed."

In the mechanical treatment of fractures, the committee notice several improvements which claim our attention. A new and remarkable material has been furnished to the profession, in the article of Gutta Percha, which possesses the property by which, when immersed in warm water, it becomes as plastic as wet paper ; and on cooling, instantly recovers its firmness, which is almost equal to that of horn, retaining whatever form may have been impressed upon it when warm. This property will at once suggest itself to the surgeon, as being particularly adapted to the formation of moulded

splints, and as forming a substitute for, and obviating the objections when applied in halves to the starched bandage. Notwithstanding the peculiar adaptation of this article to the end desired, it has not yet attracted the attention of the profession. The chairman of the committee states, that he has employed it in fracture of the patella, and also that of the leg, with great satisfaction. He also speaks of its decided usefulness in the treatment of club-foot, after the division of the tendons. In the treatment of fractures of children, Prof. Pope, of St. Louis, has found that an excellent substitute for paste and dextrine is *collodion*. "A strip of lint," he says, "saturated with it makes a convenient splint, and in the treatment of fractures of children he employs it with happy results." By the committee and one of their correspondents, the apparatus of Jarvis for the reduction of fractures and dislocations has been found not to answer their expectations. They say, that "in the treatment of fractures it manifestly furnishes inadequate support;" and "in dislocation it hinders those manipulations by which the surgeon avails himself of the muscular forces, which are so powerfully concerned in effecting dislocations, and in reducing them." While treating of the subject of fractures, the chairman of the committee gives a description of a splint that he has been in the habit of using for twenty years or more. It appears that this apparatus is applicable to all fractures of the lower extremity, from hip to foot. In fractures of the neck of the femur, the hip-piece identifies it, in regard to motion, with the trunk. Prof. Geddings, of Charleston, it is stated, has tested its usefulness in this fracture, in a case in which its employment effected bony union within the capsule. A very flattering and just compliment is paid to the statistics of fractures, compiled by Prof. Hamilton, a summary of which may be found in Vol. 2, N. S. of this Journal, p. 424, and which clearly demonstrate that "we are far from having obtained perfection in this class of accidents." In remarking upon these statistics, the committee state, "that though they impair confidence in our art, as at present exercised, they will accomplish good;" and that with these and similar tables before us, our testimony will at least secure the administration of justice in suits for malpractice.

In this report there is an allusion made to the first case in which the section of the tendo-Achillis for club-foot, in an infant child, was performed in America. It was performed by the chairman, and the subject is now a young lady; the foot and ankle are perfect in form, position, and strength.

Lithotripsy also claims the attention of the committee ; upon this operation we find the following remarks: "It has been generally thought, that lithotripsy is ineligible on very young subjects, on account of the narrowness of the canal, and the unmanageableness of the patient. The chairman of this committee, however, has performed lithotripsy with Jacobson's Heurteloup's instruments on infants two years of age, in no less than four instances, and on several other very young subjects. In one respect he has found the operation more certain than in adults. The bladder expels the fragments more promptly. He has been somewhat discouraged with the operation on old subjects, from the fact that fragments small enough to pass with facility have been retained for months, probably on account of the columnar condition of the bladder. He has performed lithotripsy twice on the paralyzed bladder, not a drop of urine ever being discharged except by catheter. "The removal of the stone was effected (principally) by washing away the debris with a syringe, through a large double-barrelled catheter."

The treatment of aneurism by simply imposing weights upon the part is noticed, and the beneficial results of a case which occurred in the practice of Prof. Parker, of this city, are given. The result of the case is so interesting, that we cannot allow this opportunity to pass by without noticing it. The case was one of traumatic aneurism, resulting from the application of the ligature for the cure of spontaneous aneurism. Hemorrhage had occurred on the ninth day after the operation, and from that time traumatic aneurism began to develop itself, and bleeding was occasionally repeated, notwithstanding the use of compresses, bandages, &c. Manual compression was resorted to, and maintained faithfully by assistants for seventy-two hours, with apparent success ; but pulsation returned, owing to hypertrophy of the heart. The following expedient was then resorted to: "A compress was prepared of folded adhesive plaster, the plaster side out, two and a half inches long, and of the size of the finger. This was placed longitudinally along the artery, beneath Poupart's ligament, so as not to interfere with the return of blood by the vein. Another, similar, but flat, and one and a half inches wide, was superimposed, and prevented the displacement of the first: over the whole were placed compresses of linen, and the spica bandage. A bag of shot weighing five pounds, was then placed upon the part, with the effect of subduing the pulsation completely. After five days this was replaced by another weighing two pounds, which was continued for two days." Complete success was the result of the application of this ingenious expedient.

Dr. J. M. Warren's* successful case of ligature of the subclavian artery is noticed, and while speaking of it the chairman of the committee, Dr. N. R. Smith, gives a short account of a case never yet reported, in which he performed the operation. The ligature came away on the eighth day, while he was gently sponging the wound; no hemorrhage occurred, and the case resulted happily. The artery was exceedingly tender at the point of operation; the ligature being felt to divide the inner tunics with very slight constriction. An interesting point in this case was, the extreme circumstances under which the operation was performed; the tumor being of large size, causing complete paralysis of the arm by pressure, and it had ceased to pulsate. The patient, a Miss Ramsay, of Baltimore, was in an exceedingly feeble condition, with a pulse of 140. The successful termination of so extreme a case is a truly remarkable occurrence. Towards the close of this excellent report, we find a passing notice taken of Prof. March's investigations into the morbid anatomy of "hip disease." His attention has been particularly directed to the supposed frequent occurrence of spontaneous dislocation, as one of its events. In his recent tour in Europe, he examined numerous pathological collections, with special reference to this disease. And in this country he has availed himself of every opportunity which presented itself for a thorough acquaintance with its pathological results. He has examined nearly two hundred specimens of true hip disease, or ulcerative absorption of the head of the femur, and the acetabulum, with the following results: In about one in four ankylosis had taken place; in about one in five ulcerative absorption had extended through the acetabulum. He saw as many as twenty cases of congenital dislocation, besides as many dislocations from violence; but it is a remarkable and instructive fact, say the committee, that he saw but *one* of spontaneous luxation from ulcerative absorption.

Report of the Committee on Obstetrics.—This report, owing to sickness of the chairman of the committee, was prepared by Prof. Gilman. It opens with an allusion to the advancement of positive medicine in the special diseases of the uterine organs. There is a great degree of certainty in the diagnosis and treatment of the benign diseases of the os and cervix uteri; and we doubt if at the present time so much certainty exists in any department of medical science as this. Formerly it was the prevalent custom to class all the benign lesions of the uterus under the general name of "leucorrhœa,"

* Vide this Journal, Vol. 2, N. S., p. 266.

which was equivalent to placing them among the *opprobria medicorum*. By a more modern, careful, and accurate pathological research, new and distinct species and varieties of lesions have been recognized, and appropriate treatment has been instituted, which has dispelled the chaos of a few years since, and led all successful practitioners to value the speculum and its revelations as indispensable to a proper understanding, and treatment of uterine diseases.

With the committee we can truly say, that "of the diseases peculiar to females, there are probably none which so strikingly illustrate the progress of sound pathology, and its beneficial influence on modes of practice, as the congestions and inflammations of the os and cervix uteri. It is hardly an exaggeration to date the beginnings of all true knowledge of these very common affections at a period within the last dozen years, for it is within that time that the speculum, the only true means of diagnosing and successfully healing them has been in common use." The contributions of Drs. Baker and Massey, in this department of pathology, are referred to, after which a passing notice is given to anterior displacements, and the modes of treatment instituted for their relief. Prof. Simpson's contributions to this subject are considered. Of the use of Prof. Simpson's uterine sound, the committee speak in favorable terms; but of the safety or advantages of his pessary, "the committee pronounce no opinion. That it will sometimes do good, we have the testimony of some of the most distinguished accoucheurs in Great Britain to add to that of our own associates. That it often excites a degree of irritation, which renders its prolonged use exceedingly painful, even intolerable to the patient, cannot be doubted. That under such circumstances, and, perhaps under others, it would, if allowed to remain in the womb, excite painful and dangerous disease, is, if not certain, in the highest degree probable." Of the truth of this statement, Prof. Gilman cites two cases; in one it was tolerated only a few hours, by the other, but two or three days. We will here state, that Prof. Meigs "approves of the sound; but condemns the pessary unequivocally. While treating of this subject, an allusion is made to Dr. Bond's instrument for the replacement of the retroverted uterus. The committee are of the opinion, that "the instrument of Dr. Bond will, doubtless, prove a valuable addition to our *armamentum obstetricum*."

Of placenta prævia, considerable is said in the report. On looking at well observed and honestly detailed facts, "the committee find abundant proof, that whatever be the cause, hemorrhage in pla-

centa prævia is materially checked by detaching the placental mass from the uterine wall." This being the case, they proceed to consider the question involved in such a practice, whether "the plan here recommended is so difficult of execution, or attended with such and so great dangers, that for these reasons it must be rejected." On this point the committee say, "the objections of those who suppose that the placenta cannot be detached, will have, with practical minds, little force when opposed to the candid statements of those who have done it." In regard to the question, What are the cases appropriate to it? In cases of so called rigidity of the os, when, as the committee believe, the difficulty really depends upon an undeveloped cervix, "in such cases the operation is valuable, and to such the committee are disposed to confine it, believing that the cases of prostration can be as well managed by following the rules so admirably stated by Ingleby, as by a resort to the practice of Simpson."

The remaining portions of this hastily prepared but truly creditable and interesting report, are devoted to a consideration of the value and results of anæsthetics in obstetrics. In it the committee "present an account of what has been done with anæsthetics in obstetrics, rather than obtrude their own opinion of the value of these agents, on any theoretical reasonings, however ingenious, upon their mode of operation, the dangers necessarily attendant upon their use, &c." After passing in review the facts which have appeared in the journals in relation to their use, and the results which have followed, they thus speak of them in relation to operative midwifery: "The committee deliberately believe, that in the more severe obstetric operations, not only may anæsthetics be rightfully given, but that they may not be rightfully withheld."

Following this report are two appendixes, each consisting of a report of a case of retroflexion of the unimpregnated uterus. The first, by Dr. Post, is a successful case, in which the occasional use of Dr. Simpson's uterine sound completed a cure in about five weeks. The second, by Dr. McCready, in which the uterine sound was only resorted to for a limited period; when the pessary was substituted, this on the fourth day gave rise to symptoms of endo metritis combined with metritis, which required its removal. The uterus in this case was much enlarged, and Dr. McCready was led to believe, that "if the patient had been confined to her bed, and submitted to treatment until the uterus had been reduced to its normal size, the introduction of the instrument might not have given rise to so much irritation, and perhaps, in such case, the health of the patient might have been restored without its employment.

Report of the Committee on Medical Education.—This is a very lengthy report, occupying near 120 pages of the Transactions. We much regret that our limits forbid our entering into an analysis of its contents. The state of medical education in Europe is fully considered, after which a comparison with that of our own country is instituted. The requirements of the United States Army and Navy Boards of Medical Examiners is given. The legal requirements of the several States in the Union, as they relate to medical practitioners, is also given. The consideration of such measures as relate to medical education, or the standing of the profession, either prospective or established, and also of such matters as were referred to the Committee by the Association, is fully and ably presented to the profession. Appended to this report are two appendixes. In the first, the views of the Medical Faculty of Harvard University, relative to the extension of the lecture term is presented, and in which we find them taking grounds on the side, "that it is not expedient to extend the course of medical lectures." The second is the report of the special committee appointed to prepare a statement of the facts and arguments which may be adduced in favor of the prolongation of the course of medical lectures to six months. We would most gladly enter into a consideration of the facts and arguments involved in these two sub-reports, but our limits will not permit us so to do.

Report of the Committee on Medical Literature.—Before we pass to notice this report, the occasion is meet for us to say a few words of its lamented author. Cut off and taken from us in the midst of a glorious and useful career, it is with no ordinary feelings that we read this, one of if not the last, product of his pen. By his *works* he is known, and for a long time to come will his counsels, if followed, tend to advance the interests while they adorn the character of our profession. His was a generous devotion to the cause of science—a glorious sacrifice. Long may the memory of his good deeds and counsel, especially in this report, serve as a guide for those who labor for medical improvement.

This report embraces six divisions. 1st. The general character of the periodical medical publications in the United States. 2d. The more important articles therein presented to the profession. 3d. Original American medical publications. 4th. Medical compilations and compends by American writers. 5th. American reprints of foreign medical works; and 6th. All such measures as may be deemed advisable for encouraging and maintaining a national litera-

ture of our own. The first and last divisions we shall notice more particularly. The remaining portions evince in their preparation great judgment and candor, and we doubt not will meet the expectations of the profession at large, as well as that of the periodical press.

Among the points discussed in the first division of the report, viz., that of the general character of our periodical medical literature, the following are kept prominently in view: 1st, the intimate alliance which it holds with our medical schools; 2d, the generous devotion to the science of medicine and to the well-being of the profession which it evinces; 3d, its abundance; and 4th, its cheapness. On the subject of its general character we find the following remarks: "The present aspect presented by medical journalism in this country, is full of auspicious omens of the future progress of medical science. The first minds of the profession are engaged in their editorial management, and in the making up of their original and review matter. A wise and liberal spirit generally pervades and animates the editorship. No personal abuse or vindictive feelings are allowed to stain their pages, and disparage the dignity of the science to the promotion of which they are devoted. Amid our keen political agitations, it is delightful to have a retreat from the angry voice of partisanship, where its clamors reach not our ears, and there ever smiles on the inquiring mind the mild radiance of truth." While speaking of the generous devotion of the medical periodical journals of our country, we find the following remarks:—"A generous devotion to the cause of medical science is amply illustrated in our medical periodicals. There are very few of these journals which yield any compensation, other than the rich luxury of doing something to advance the noblest earthly ends, to the practitioners who edit them. On the contrary, the editorship of a medical journal has, in many instances, damaged to considerable extent, instead of benefiting, the pecuniary resources of the editor; and yet they multiply within our borders, because the medical profession is on the advance, and because the ardent cultivators of medical science in this country prefer the glory of their noble and humane calling, to the rewards of a merely merchantable value." Such are the convictions of one who had observed much in this department of the profession, and need we say they are in the main true? They carry upon their face the strong and unerring conviction of their truth. But we must not dwell on this point, for there are others in the last division which we think must commend themselves to the attention of the whole profession, and which we hope will sooner or later call forth a decided action in the profession. We

allude now to that portion of this division of the report, which speaks of "the appointment of a board or committee of publication at Philadelphia or New-York, whose duty it shall be to receive and carefully read the original or translated works which American writers might offer, and to have them published under the superintendence of the board or committee." If we mistake not, we see in this proposition the buddings forth of something valuable to our home literature. We know of no measure which would redound so much to the good of the profession or credit of the Association, as the immediate and speedy adoption of some such measure as this, which shall also include *inducements for the preservation of our early and now, many of them, almost extinct American medical productions.* Most ardently do we desire the success of the suggestions contained in this most excellent report, and hope that every prominent feature contained in them will meet with the hearty response and approval of the committee who now have them in charge to report upon at the next annual meeting of the Association. Should such a result take place, and the Association adopt the same, many valuable works, creditable alike to the profession and their authors, would be brought to light, instead of lying, like that of the lamented Forry's, mouldering in MSS: for the want of a publisher.

Report of the Committee on Public Hygiene.—This report, with its appendixes, occupies 225 pages. It embraces returns from the following cities, in relation to their sanatory condition:—Portland, Concord, Boston, Lowell, New-York, Philadelphia, Baltimore, Charleston, New-Orleans, Louisville and Cincinnati. Also, a paper on the Yellow Fever Quarantine at New-Orleans; one on the influence upon health of the use of tea and coffee; one on the introduction of water and gas into cities, and a letter on the use of disinfectants in the Navy. On a future occasion we shall endeavor to present our readers with a review of the facts and principles involved in this report—a report which evinces great labor and research.

Report of the Committee on Adulterated and Sophisticated Drugs.—This report presents much interesting matter, but our space will not permit of our noticing it in this place, farther than to state that portions of it may be found in our American Retrospect of this number. We are pleased to see that the suggestions which it contained were readily adopted by the Association, and the necessary committees appointed to carry them into execution.

Report of the Committee on Indigenous Medical Botany.—This report, including the appendixes, occupies 265 pages of the Transactions. In the report itself we see several indigenous plants noticed. To these we shall call the attention of our readers on a future occasion. The first appendix to this report is a report on the indigenous medical plants of South Carolina, by Dr. F. P. Porcher. It is an elaborate production, and reflects much credit upon the author, for the patient research and elaborate care with which it is prepared. The second appendix is a report on the indigenous medical botany of Massachusetts, by Dr. Stephen W. Williams. It also is an elaborate production, but not so lengthy as the first, and reflects great credit upon its author, who for a great number of years has been intimately identified with the learned in this department of medical science. In glancing over the reports on medical botany, it appears to us that there is one defect in the present arrangement of discharged duties of the committee which requires a change. This remark refers to the separate description of plants indigenous to remote sections of the country. A simple reference to the fact of their existence in different sections of the United States, is all that the science requires; while the repetition of descriptions lengthens reports, adds to the labors of the committee, and at the same time to the cost of publication, while it confers no additional value upon the reports.

BIBLIOGRAPHICAL NOTICES.

ART. XIII.—*A Treatise on the Etiology, Pathology and Treatment of Congenital Dislocations of the Head of the Femur.* Illustrated with plates. By JOHN MURRAY CARNOCHAN, M. D., Lecturer on Operative Surgery, with Surgical and Pathological Anatomy, etc. etc. New-York: S. S. & W. Wood. 1850. 8vo. pp. 235.

THAT there are improvements continually taking place in the various sections of medical science, we have abundant evidence to show. That these improvements are the results of a progressive, careful and thorough inquiry, the evidence is equally strong to lead us to believe, notwithstanding what is said in relation to the superficial and

imperfect knowledge of those who compose the profession of the present times. We hear it constantly said and repeated, that professional education and knowledge is at a low ebb; that medical intelligence and respect is falling back, etc. etc. And yet when we examine for the truth of these assertions, we find meeting us at every step of the inquiry assurance to the contrary, based upon the positive certainty of progressive improvement. In practical medicine we have newly developed facts in pathology and therapeutics; and in anatomy and physiology we have accuracy of minute research, which is only equalled by the certainties of diagnosis and the true pathological anatomy of diseased structures and lesions. In surgery and surgical pathology and therapeutics, we have the modern treatment of aneurism, the discovery of anæsthetics, etc. etc., which establish the conviction that the first half of the nineteenth century will ever be memorable for the advancements in medical science.

In the work before us we have brought to our notice some excellent observations on a subject which has attracted but little of the attention of American surgeons. The Congenital Dislocations of the Head of the Femur have been scarcely, if at all, investigated by them. In France the subject has claimed and received the attention of her surgeons, and several reports, papers, works, etc., have been published. The author of this monograph has attempted "to introduce to the surgeons of this country, a systematic account of this important affection of the human organism," and in doing so has added a good contribution to our literature. The symptoms and pathology of these lesions are illustrated by correct delineations, taken from cases which came under his own observations, as well as dissections made by his own hands. The treatment recommended is that which *has been* attended with success, while suggestions from eminent authority are carefully recorded. This volume, we are much pleased to see, is executed in the best style of the art, and we have seldom seen lithographic plates by our own artists so admirably executed. The typographical appearance of the work is also in a high degree creditable to the publishers, who it would appear have spared no pains to make it an attractive volume.

ART. XIV.—*Principles of Human Physiology, with their chief applications to Pathology, Hygiene and Forensic Medicine.* By WILLIAM B. CARPENTER, M. D., F. R. S., F. G. S., Lecturer on Physiology, at the London Hospital Medical School, &c., &c. Fourth American edition, with extensive additions and improvements by the Author. With two plates, and three hundred and four woodcuts. Philadelphia: Lea & Blanchard. 1850. 8vo. pp. 750.

THE rapid advancement made within the last few years in all departments of physiology, has been truly surprising, so much so, that the discoveries of the last dozen years have almost remodelled the whole science. The practitioner thoroughly read in the doctrines of Generation ten years since, at the present time would hardly be considered as acquainted with even its first principles.

In this volume of Dr. Carpenter's, we need only say we have the well-ascertained facts, doctrines, &c., of the present period, fully stated; for the known reputation of the previous editions of the work have been sufficient, alone, to command for it a ready and extensive sale. In this, the fourth American edition, the publishers have made it worth the author's while to prepare a new edition, posted up to the present state of physiological knowledge. While, therefore, they subserved their own interests, as well as that of the cause of science, the opportunity has been presented to the author "of laying before his American readers his latest views on several topics, which have been constantly occupying his own attention, together with the results of the recent labors of other inquirers on numerous points of interest." The principal changes made in this edition will be found in that portion of the work which treats of the Nervous System, and in the chapter on Generation. The author's inquiries in the first-named portion, it appears, "have led him to relinquish certain parts of Marshall Hall's doctrines, long advocated by himself, and to substitute what he believes will be found a far simpler and more consistent view of the constitution of the cerebro-spinal centres, which may be said to be based on the doctrines of Messrs. Todd and Bowman, though differing from them in some important particulars." In the chapter on Generation, the alterations "have chiefly consisted in the substitution of the views of Bischoff, with respect to the development of the ovum, for those of Dr. Barry." The author, it appears, has satisfied himself, that the views of the latter are no longer

tenable, whilst those of the former, though imperfect in many important particulars, are, on the whole, deserving of the credit which he had previously accorded to Dr. Barry's observations. Scattered through the volume, we perceive numerous other alterations, which on the whole, render it far more comprehensive, and in consonance with the present state of physiological science. We perceive, also, that there are many new illustrations added to this edition, which, to say the least, facilitate the learner, and render it admirably adapted to the end designed, a comprehensive and accurate work for the use of both student and practitioner.

ART. XV.—*A Theoretical and Practical Treatise on Midwifery, including the Diseases of Pregnancy and Parturition.* By P. CAZEAUX, adjunct Professor in the Faculty of Medicine of Paris, etc., etc. (Adopted by the Royal Council of Public Instruction). Translated from the second French edition, with occasional notes and a copious index. By ROBERT P. THOMAS, M. D., Member of the Philadelphia Medical Society, late Demonstrator of Anatomy in Franklin Medical College, etc. With one hundred and seventeen illustrations. Philadelphia: Lindsay & Blakiston. 1850. 8 vo. pp. 675.

THIS work, more particularly intended for the use of students of medicine, is an exposition of the course of lectures delivered by M. Cazeaux, in Paris, for several years past. It is also the work adopted by the Royal Council of Public Instruction. In many respects, in its general arrangement, it resembles most of those heretofore published on the same subject in France; yet in the main it appears to differ essentially. The author has "adopted almost wholly the views of Professors Nægele, Staltz, and P. Dubois, which are not found clearly expressed in any of our classical works." While, however, he has put the views of these teachers under heavy contributions, it also appears that he has drawn freely and judiciously upon all the more modern writers who have published upon the same subject. The opinion of M. Coste, on all that relates to ovology has been consulted. In the chapters which are devoted to the history of the changes that take place in the ovary and ovulum, before and after conception, numerous engravings have been presented, in order to more clearly illustrate and simplify the text, and "by their aid, the

great doctrine of reproduction, which is now exciting so much attention both in this country and in Europe, will be rendered intelligible to every reader." The American translator has executed his task in a very satisfactory manner; and he, together with his publishers, are deserving of the especial thanks of the American reader, for this worthy addition to an already large stock of treatises on midwifery.

ART. XVI.—*Summary of the Transactions of the College of Physicians of Philadelphia.* From November 6th, 1849, to January 15th, 1850, inclusive. No. 1. Vol. 3. Philadelphia: 1850. 8vo. pp. 48.

Transactions of the Medical Association of Southern Central New-York. At the annual meeting, held at Cortlandville, June 5th, 1849. New-York: 1849. 8vo. pp. 35.

THIS number of the Transactions of the College of Physicians of Philadelphia, among other interesting matters, contains an obituary notice of the late Dr. Thomas Hewson, with an enumeration of his medical writings: a very interesting discussion on cause of tuberculosis, which we shall soon notice. A report on the pathological cabinet of the college by its curator, Dr. J. Neill, together with a report on the anatomical alterations in the intestinal canal of cholera patients, as evinced by minute injections, subsequently submitted to the microscope. The task of making these observations was performed by Dr. Neill, for the committee having charge of the subject. The conclusions arrived at by the committee, may be found in the American Retrospect of this number. Besides the above matters, reports of several interesting discussions are contained in this number, which reflects much credit upon the practical working character of the college.

The transactions of the Medical Association of Central New-York, besides minutes, which evince well marked signs of the strong determination of the profession of that section of the State to occupy the van in all matters pertaining to improvement, contains a practical and interesting essay on malarial remittent fever, by Dr. R. Wilcox; also, a report of the committee on preliminary qualifications of students commencing the study of medicine. This report evinces great clearness of judgment, and a thorough acquaintance with deficiencies of past and present times.

PART THIRD.

FOREIGN MEDICAL RETROSPECT.

ANATOMY AND PHYSIOLOGY.

Important Variety in the course of the Internal Pudic Artery.—In demonstrating the anatomy of the perineum in an adult male subject, Mr. COOTE met with the following very important variety in the course of the internal pudic on both sides. After re-entering the pelvis through the lesser ischiatic notch, the artery, instead of ascending, as usual, behind the ramus of the ischium and the pubes, passed on by the side of the rectum towards the so-called triangular ligament, and then gave off its three terminal branches, namely, one to the bulb of the urethra, another to the crus penis; and, lastly, the dorsal artery of the penis. Had lithotomy been performed upon this subject, the pudic artery would have been unavoidably divided; and it might possibly have been cut through in laying open a fistula in ano.—*Med. Times.*

Anomaly of the Cervical Vertebrae.—M. DUBREIL, Professor of Anatomy at the University of Montpellier, relates a very rare case of anomaly of the cervical vertebrae. It consists in the existence of a supernumerary vertebra, and occurred in the person of a Swiss drum-major, whom M. Dubreil had often remarked during his lifetime, on account of his extraordinary stature. A careful examination of the skeleton leads the author to conclude that the anomaly consists in a duplication of the sixth vertebra of the neck. M. Geoffroy St. Hilaire never observed a case of this kind, and it appears the only one to be found in the annals of medicine. I remember, however, when a student at Edinburgh, that a well-known member of the Medical Society, remarkable for his height, was said to possess a similar deformity.—*Ibid.*

State of the Fibrin in Blood.—M. HORN affirms that the fibrin in the blood is united to the corpuscles, and not free; his proofs are,

that when frog's blood is filtered, the fibrin appears in the form of flocculi, or thready coagula, and the microscope shows that these are formed out of the granules which are met with in the blood, and have the characters of fibrin; moreover, when the fibrin is carefully removed by beating, these corpuscles can no longer be found. The fibrinous corpuscles are formed from the colorless molecules, found so abundantly in the lacteals and lymphatics. M. Horn believes that these molecules by aggregation produce true lymph-corpuscles, which, indeed, in their earliest stage, appear like conglomerations of extremely little molecules. The molecules dissolve away as the corpuscles progress, the corpuscles become flattened and smooth, and are, lastly, converted into blood-corpuscles. M. Horn considers, also, that pus-corpuscles are nothing but aggregations of these molecules; just as in the normal state the fibrin is converted into globulin, so in pathological conditions it is changed into pyin. (*Schmidt's Jahrbuch*. Band viii. 1848; as in *Provincial Medical and Surgical Journal*).

PATHOLOGY AND PRACTICAL MEDICINE.

Deaths from Chloroform.—John Shorter, aged 48, a porter, known to Mr. Solly for some time as a very active messenger, habits intemperate, but apparently in perfect health, was admitted into St. Thomas's Hospital, George's ward, under Mr. Solly, on the 9th October, 1849, suffering from onychia of the left great toe, which had existed some time. It was determined to remove the nail, the man having decided, before entering the hospital, on taking chloroform.

On Wednesday, October 10th, at a quarter to two, P. M., he began to inhale the chloroform, with one drachm in the inhaler. It had no visible effect for about two minutes: it then excited him, and the instrument was removed from his mouth, and about ten drops more were added; he then almost immediately became insensible: the chloroform was taken away, and the nail removed. He continued insensible; and, his face becoming dark, the pulse small, quick, but regular, respiration laborious, his neckerchief was removed, and the chest exposed to fresh air from a window close to the bed; cold water was dashed in his face, the chest rubbed, and ammonia applied to the nose. After struggling for about a minute, he became still, the skin cold, pulse scarcely perceptible, and soon ceased to be felt at the wrist; respiration became slow and at intervals, but continued a few seconds after the cessation of the pulse. Immediately on the appearance of these symptoms, artificial respiration was commenced by depressing the ribs with the hands and then allowing them to rise again until the proper apparatus was brought, when respiration was kept up by means of the trachea-tube and bellows, and oxygen gas introduced into the lungs by the same means. Galvanism was also applied through the heart and diaphragm, but all signs of life ceased about six or seven minutes after the commencement of

inhalation. These means were persisted in until a quarter past three, but to no purpose. On removing the inhaler, the sponge, which only contains one drachm, fell upon the floor, and the chloroform splashed about,—thus showing that a considerable part of the chloroform remained unused; so that the patient could not have inhaled more than one drachm. Every endeavor was made to procure a post-mortem examination, but in vain.—*Med. Gaz.*

A death from chloroform lately occurred in Berlin. A young lady died two days after an unsuccessful attempt had been made to extract a tooth, while under anæsthetic influence,—the reaction, it is said, operating upon the brain. The dentist has been examined before the judicial authorities, and charged with having administered the drug without the presence of a surgeon or physician, as required by law,—not that such authorization would have saved the patient, but the “law allows it, and the court awards:” and the effect will be, to check the indiscriminate and indiscreet use of chloroform, which is here as fashionable as it seems to be in your northern capital. It has also given rise to many discussions among scientific men. Langenbeck, the successor of Dieffenbach in the University Clinic, and formerly Professor at Kiel, has availed himself of the opportunity to publish his “Experiences” on the matter. He has used chloroform in all ages—in the child of a few hours old, and in patients of eighty years of age. He has had but one death from it, and that in a sailor with comminuted fracture of the ankle, requiring amputation. While tying the artery, Langenbeck observed black blood and gas bubbles issuing from the wound, and the patient died half an hour after the operation. The same occurrence also took place in La Charité, during the operation for excision of the lower jaw. On dissection, much black and frothy blood was found in the right heart.—*Dublin Medical Press.*

Syphilitic Inoculation.—Some time ago, when syphilis was fancied to be incompatible with Cholera, a person gravely proposed to spread syphilis by inoculation, and to poison the community wholesale, in order to guard them against Cholera. We perceive, now, that M. Diday, lately surgeon to the Venereal Hospital of Lyons, has a plan pretty similar to the above, for shielding young people from the effects of the syphilitic virus. He proposes no less than to inoculate people with the venereal disease, on the same principle upon which the inoculation of small-pox was grounded. M. Diday says, that constitutional syphilis attacks a man but once in his life; and from the analogy of small-pox, measles, scarlatina, &c., he concludes, that by artificially developing syphilis in an individual, the latter would be free from the danger of contracting the disease again. These ideas were presented to the Academy of Sciences, on the 10th of September, and the experiments upon which the theory is grounded are as follows:—Sixteen patients laboring under recent chancres, and who never had had secondary syphilis, were inoculated with the

blood taken from the node of a man suffering from tertiary syphilis. The wounds healed without any notable inflammation ; and six months afterwards, none of the patients, excepting one, presented any secondary symptoms. M. Diday explained the exception by stating, that the only patient who had the secondaries had been affected by an indurated chancre. These experiments, even if strictly correct, would merely give additional proofs of the truth of M. Ricord's views, who maintains that none but indurated chancres contaminate the system ; but they bear very little upon the wild project of inoculating syphilis to prevent its recurrence in the same subject.—*Lancet*.

Treatment of the Nephritic Dropsy which follows Scarlatina. By Dr. F. J. BEHREND, Erlangen. — Dr. Behrend observes, that the first thing to be done, is to diminish the congestion of the kidneys, so far as to prevent the exudation of plastic matter, and to restore the diuresis. For this purpose the best means are repeated applications of a sufficient number of leeches—from six to ten—to the lumbar regions, or repeated cuppings: the former seem the best remedy. The second indication is to restrict the diet, and to administer mild diuretic salts, as the acetates of potash and soda, which act also on the intestinal canal. Infusion of elder flowers is useful as a drink, for promoting diuresis. The body should be kept warm by being wrapped in flannel, impregnated with the vapor of sugar: this is prepared by throwing pounded white sugar on glowing coals, and holding the flannel over it. The limbs may also be enveloped in raw wool. I have lately tried the effect of sponging the skin with turpentine, and then covering it with flannel ; but cannot speak with certainty as to the efficacy of this treatment. If the dark color of the urine return after it has been removed by means of local depletion, this must be repeated, without any regard to the apparent weakness of the child. This state of the urine is indicative of a highly congestive state of the kidneys. If the attack be less acute—if there be œdema, and the urine be albuminous, but clear and in sufficient quantity, spirits of nitric ether may be used, in addition to the diuretic salts. A restricted diet is not so necessary, as the child should be kept in bed and in a warm atmosphere, so that the skin may be kept in a state of functional activity. Friction with oil of turpentine, warm baths, and mild purgatives, are indicated: sanguineous depletion is not proper. The child must be kept very warm for a long time: it should be daily rubbed with flannel for a month ; and if it continue pale and weakly, iron should be administered ; and the patient should have the benefit of country air. In dropsy of the pericardium and pleura, and in hydrocephalus, there is so great danger, that these affections will have to be treated without reference to the original cause of the disease. There is but little hope of recovery, unless nature takes some extraordinary course.—*London Jour. of Medicine*.

Anemia as a Consequence of Rheumatism. By Dr. O'FERRALL, Dublin.—[In commenting on some cases of acute rheumatism at

St. Vincent's Hospital.]—Dr. O'Ferrall stated, that he was induced to believe that this disease had a tendency, in its latter stages, to produce phenomena connected with a diminution of the globules of the blood. Some modifications in the constitution of the blood, during rheumatic fever, had been already observed; it had been ascertained that, at an early period of the disease, the fibrin is increased; but it would appear that, subsequently, there is, in many instances, a diminution of the coloring matter. The attention of Dr. O'Ferrall was first called to the subject by observing that, in cases with endocardiac complications, after the employment of depletion and mercury, a cardiac bruit of a different character from that which originally presented itself, continued to persist, notwithstanding the steady employment of the usual means for subduing inflammatory action. By-and-by, cases terminating fatally came under his observation, in which, although this bruit was present to the last, no morbid appearances could be detected in the heart upon *post-mortem* examination. Afterwards, he found that a *râle musicale* in the cervical vessels very constantly accompanied this peculiar cardiac bruit; and he was led to suspect, that after the subjection of the inflammation by bleeding and mercury, an anæmic condition followed the use of these remedies, which would require a very different treatment for its subdual. He accordingly ordered *chalybeates*, as in an ordinary case of chlorosis, and found the cervical and cardiac bruits to disappear under the use of this remedy. As yet, he imagined the anæmia to be due to the effects of the antiphlogistic treatment employed in combating inflammation; but during the last few years he has had repeated opportunities of observing, that a *râle musicale* in the neck, and a bruit accompanying the first sound over the aortic valves, very frequently coincide with the decline of rheumatic fever, in cases where no active and weakening remedies have been employed; and he has been thus led to the conclusion, that the natural tendency of the disease in its advanced stages is to produce a diminution of the hæmotosin of the blood, evincing itself by its ordinary physical phenomena.

This observation is one of very great practical importance, teaching us the necessity of discriminating between those cardiac sounds produced by the participation of the heart in the general rheumatic disease, and those arising from deterioration of the blood. The treatment in the two cases must obviously be of a totally different nature. —*Medical Times*.

Treatment of Typhus. By Dr. JONES LAMPREY, Trim, County Meath.—[In an account of the epidemic fever as it recently occurred under his observation in Ireland, Dr. Lamprey speaks thus of that form of the disease which presented the characters of our Typhus:]

The treatment of these cases, which lasted for such a lengthened period, was necessarily modified and altered according to circumstances, but was principally determined by the condition of the pulse,

as in the typhoid form, which denoted the use of stimulants or the reverse. Port wine was largely used when delirious restlessness was present. The antimonial treatment originated by Dr. Graves, answered in restoring the nervous system to a quiet and composed state. Where the petechiæ were of a very dark color, or threatening to run into a putrid condition, I have found the exhibition of yeast, in combination with camphor and nitric ether, of great service in staying the septic process, besides acting as a powerful stimulant. I cannot speak too highly of the stimulating and antiseptic properties of this mixture. I have seen it remove the dark, livid hue of the skin in this form of fever within a few hours; and, as another proof of its antiseptic powers, I have found that, on administering it in cases of dysentery attended with great fetor of the dejecta, it speedily removed all odor, and, at the same time, rather counteracted the frequency of the discharges from the bowels. The following is the formula I used:

R. Cerevisiæ fermenti, ʒx. Camphoræ, ʒss. Ætheris Nitrici, ʒiv. Misce.

An ounce to be taken every hour, or every second or third hour.

The mixture soon becomes so agreeable to the palates of the patients, that it is necessary to keep it concealed from them, for fear of making "too free" a use of it.—*Dublin Quarterly Journal*.

On the supposed hereditary nature of Phthisis. By Dr. W. H. WALSH.—[The following statements, which are opposed to the prevailing opinions on this subject, are given by Dr. Walshe as the result of a careful examination of a large number of cases at the hospital for consumption. Dr. W. says:]

From a comparative analysis of the family histories of 446 persons, 152 of them phthisical, 284 non-phthisical, the final conclusion flows:—*that phthisis in the adult hospital-population of this country is, to a slight amount only, a disease demonstrably derived from parents.* It is possible, (nay, indeed, *probable*, for, in adults having a parental taint, the outbreak of the disease occurred a mean period of two years and nine months earlier than in those free from such taint,) that, were investigation extended to infancy, childhood, and youth, the ratio of cases of parental taint among the phthisical, would be proportionably greater than it proves where inquiry is limited to adults. But on the other hand, there is no single valid reason for *supposing* (prior to actual experience) that the increase in that ratio would be of more than trifling amount. Again, whether the law differs in the adult portion of the middle and upper classes of society, from that holding in the humbler classes (those supplying hospitals), can only be positively determined by an analysis of family histories collected among the former classes; meanwhile it appears justifiable to doubt the reality of any such difference.—*Monthly Journal*.

Treatment of Eczema.—Direct the treatment chiefly to the constitution, giving mild tonics and alteratives. Keep the parts cleanly,

and when it is thought the discharge may be safely arrested, apply mild lotions containing carbonate or bicarbonate of potash, and let the bath be frequently used. If these remedies are not sufficient, give active purgatives if the patient is strong; or where these are not indicated, give sarsaparilla and hydriodate of potash; and employ lotions of nitrate of silver or bichloride of mercury. If there is inflammatory tendency in the parts, apply a few leeches behind the ears. If there is much smarting, with abundant serous exudation, give sulphuric acid internally, beginning with a small quantity, administered in barley water, and a little cold water after each dose.

In *acute* cases the constitutional treatment is most important, and must depend upon the kind of constitutional affection; the disease being usually associated with either the oxalic, lithic, or phosphatic diathesis, or with a scrofulous taint. The local treatment here is of very subordinate importance. But in *chronic* cases, the local treatment is by far the most important, and should consist in the application of a solution of 3ij. of the subcarbonate of soda in a pint and a half of water; lint saturated with this solution, being applied over the affected parts, and the whole covered with oil-silk.—*Braithwaite's Retrospect.*

S U R G E R Y .

Ill results following the use of Gutta Percha Bougies.—From some cases published in the *Medical Gazette*, it would appear that the use of these bougies has been followed at St. George's Hospital by unpleasant consequences, the bougies having unrolled and a portion remained in the bladder. M. Civiale considers that the accident probably depended on the manner in which the gutta percha bougies are manufactured in England. They are made by rolling a band or strip of the substance round a stylet, and then applying heat. Hence, they are subject to unroll. In France, the line of puncture runs along the whole length of the bougie, and accidents of the kind mentioned by Mr. Hawkins never occur. M. Civiale states also, that, so far from having observed any irritation produced by the contact of gutta percha bougies with the mucous membrane, he has found that they remain in the urethra a much longer time without inconvenience than those of Indian rubber.—*Med. Times.*

Obstinate Muscular Contraction cured by Vapor.—A curious case of this kind occurred a short time back at the Hôtel Dieu, in the practice of M. Jobert, which is worthy of notice, rather from the simplicity of the means employed to relieve, than from the nature or symptoms of the malady. A young girl had pricked the palm of the hand with a needle. Soon after this slight accident, contraction of the flexor muscles set in, and after three months, had arrived at such a pitch, that the nails seemed as if they would be driven through the skin. Almost every imaginable remedy had been tried without success, when M. Jobert thought of trying the effects of a vapor douche. The

first application gave relief, and after the second one, the power of extension was so complete, that the patient appeared to be completely cured.—*Ibid.*

Treatment of Aneurisms by Galvano-Puncture.—M. ABEILLE, of Val-de-Grâce, reports a case of subclavian aneurism in a lady aged 65. The operation by galvano-puncture being determined upon, she was rendered insensible by ether, and four steel needles, of two inches long, were inserted by pairs into the sac, and attached to a galvanic battery; the poles were placed in contact with each pair of needles alternately, and the communication maintained during five minutes. The patient at first felt nothing, but soon she cried out, and became generally convulsed. The tumor diminished in volume, and became more tense, its pulsations diminished, and the radial pulse disappeared; the needles were then withdrawn. Compresses of cold water were then applied, and the patient placed in bed. Next day the radial pulse was still absent, the outer limb was cold and numbed, and the power of moving the fingers was lost. In four days the radial pulse reappeared, the tumor gradually diminished, and at the end of a week was only half its original size. At the end of two years the patient remained well.—*Prov. Jour.*

Prevention of the Entrance of Air when removing Fluid from the larger Cavities.—At a meeting of the *Société de Chirurgie* of Paris, held on the 14th of November, a letter was read from M. RACIBORSKI, of which the *Union Médicale* for November 17, gives the following extract.

A wet, collapsed hog's bladder is fixed to the outlet of the canula which is to be introduced. When the trocar has sufficiently entered the cavity, the bladder must be supported by the left hand of the operator, the right being used to withdraw the trocar, and so allow the fluid to flow through the canula into the bladder. If the bladder be insufficient to contain the whole of the fluid to be withdrawn, the flow has to be stopped by pressing the side of the bladder against the outlet of the canula, whilst an assistant punctures the bladder in a convenient part, and thus evacuates its contents. By securing the opening by a ligature, the bladder may be made to serve for the evacuation of the whole of the fluid.—*Lond. Jour. Med.*

On Section of Tendo-Achillis in some cases of Fracture of the Bones of the Leg. By C. DE MORGAN.—After referring to the operation of tenotomy, as practised not unfrequently on the continent, in cases of fracture where unusual difficulty is experienced in reducing and keeping quiescent the fractured ends of a bone, the writer related the following cases, illustrative of this practice, where the tibia and fibula were the seat of injury, and the tendo-achillis that of the operation. He believes they are the only instances thus treated in this country.

The first case is furnished by Mr. Shaw, in whose practice it

occurred. W. S., æt. 40, was admitted into the Middlesex Hospital, Feb. 12th, 1847, having fallen down stairs in a state of intoxication. Both bones of the leg were broken, and the fracture of the tibia extended through both malleoli, the foot being twisted outwards. Violent spasm of the muscles frustrated all attempts to keep the fractured extremities of the bones in apposition; the slightest movement brought on this spasmodic contraction, which extended to all the muscles of the limb, so as to cause great distortion of the foot, and render the skin over the base of the tibia extremely tense. All the symptoms continuing unabated on the following day, and the suffering of the patient being considerable, Mr. Shaw determined on dividing in the usual way the tendo-achillis, which was very tense. After this all the difficulties ceased, and no further trouble was experienced in the treatment of the case.

The second case occurred in the author's own practice; the patient was a female, æt. 66, of drunken habits, and was admitted into the Middlesex Hospital, in March, 1849. She had been knocked down by a cab, and both bones of one leg were fractured a little above the ankle. The symptoms and condition of this patient were very similar to those of the last, and every mechanical and therapeutic measure which could be suggested to relieve the spasm was tried in vain. The author divided the tendo-achillis on the ninth day, with instant relief to the suffering of the patient, and immediate removal of all untoward symptoms. In less than a month the chasm left after division of the tendon, which was not very great, had disappeared; and a fortnight subsequently she was able to walk on crutches, and the foot was free from deformity.

After some general remarks on the value of the operation in the foregoing cases in relieving suffering and spasm, the author proceeded to remark that he thought so simple and harmless a proceeding as dividing the tendo-achillis might be adopted with advantage in other cases of more frequent occurrence, especially as the cure would not thereby be retarded. He concluded with noticing a remark of M. Bonnet's, that he has frequently divided the tendo-achillis in cases of diseased ankle-joint, where rest was imperative, and the heel was drawn up by the muscles inserted into it.—*Lond. Med. Gaz.*

Cicatrices after Burns; Removal of the Deformity by the Gliding Method (autoplastie par glissement).—M. HUGUIER, surgeon to the Hôpital Beaujon, lately communicated to the Société de Chirurgie of Paris, the successful results of an operation performed by him to remove the deformity of an everted lower lid fixed in its vicious situation by the cicatrix of a burn. The different steps were as follow: The margin of the upper and lower lids were carefully pared, avoiding the eyelashes and tarsal cartilages; then a semilunar incision was made on a level with the lower segment of the orbit, along the whole extent of that segment, the knife being carried to the bone; two similar incisions were made about three lines below the first, and at the same distance from each other. These incisions facilitated

the raising of the lower lid, and five sutures fixed the pared margins of both lids to one another. Lint was then put into the three wounds inflicted by the knife, to prevent healing by first intention, and they were very carefully dressed. The patient presented, a month after the operation, the following appearances: The inferior half of the globe is perfectly covered by the lower lid, which latter is, in some degree, remodelled; the occlusion of the eye has not been complete, the lids adhere only by the inner and outer angles. The cornea is clear, and vision good, and the new cicatrices do not present any deformity. M. Huguier tried this method, as being recommended by M. Maisonneuve, surgeon to the Hôpital Cochin; this practitioner had remedied, too, the partial loss of the upper lid, by making three parallel incisions on the forehead; it is not recorded, however, how long the artificial adherence of the lids was allowed to go on. M. Huguier himself had operated before on the upper lid in a similar manner, and wished the eye to remain closed for seven or eight months; but the patient, who was going to be married, had the lids separated after three months, and did very well. This method is similar to the process used by M. Jobert (de Lambelle) for the cure of vesico-vaginal fistula—viz., “autoplastie par glissement.” Relapses are to be feared when this method is employed; Celsus and Bordenave had used it; and its novelty must, therefore, be called in question.—*Lancet*.

Balsam of Peru as an Application to Indolent Ulcers.—E. J. SPRY, in a communication in the *Provincial Med. and Surg. Jour.* (Oct. 3, 1849), states that he has found the balsam of Peru of very great use in several cases of indolent ulcerations of the legs and other parts of the body. Lint soaked in it is to be applied to the surfaces every morning, a piece of oiled silk of corresponding size is placed over this, some soft rag to fill up the hollow, and a well-applied roller over the whole. In one case especially, of old ulceration of many years' standing, which surrounded two-thirds of the leg of a man who came into the infirmary for the purpose of having his leg amputated, and which, in the opinion of some of Mr. S.'s colleagues, could not be saved, the balsam excited the growth of granulations over the whole surface so rapidly as to excite surprise; the deep, sharply-defined ulcer filled up, and with a little modification of treatment from time to time, proceeded very favorably to cicatrization.

An obstinate case of lupus, or *noli me tangere*, was very much benefited, and finally healed, under similar treatment.—*Amer. Jour. Med. Sci.*

Extraction of Foreign Bodies from the Ear. By M. DIEFFENBACH.—This is often indispensable in the instance of children who have stuck peas, beads, berries, portions of chalk or stone in the ears. These are most readily scooped out with a curved director or a curette; if in the anterior part of the auditory tube, with forceps. In adults the meatus is sometimes blocked up with dead insects, plugs

of cotton, and other things incrustated with cerumen, or with indurated cerumen itself. These, the cause of continued deafness for years, are best extracted with moderate-sized polypus forceps. It is advisable to drop in beforehand a little almond oil, and allow the patient to recline upon the opposite side of the head. Great caution is to be observed, so as not to injure the walls of the meatus, or the tympanum. Should violent bleeding supervene, and there be no likelihood of completing the operation at one sitting, cold, and afterwards warm, applications are to be resorted to, so as to favor suppuration. Subsequently, when the parts are relaxed, the substance may be extracted. Fabricius Hildanus witnessed hemicrania, debility of the entire half of the body, obstinate cough, amenorrhœa, epilepsy, and wasting of the arm ensue from the circumstance of a bead having been forced into the ear. Restoration to health followed its abstraction. Sabatier saw typhus fever and death consequent upon the pressure of a pellet of paper in this situation. Power observed protracted salivation, and atrophy result from a dossil of wool. I have noticed, after the removal of foreign bodies, long impacted in the ear, that the hearing became so acutely sensitive, as to require the ears to be stopped with cotton. Should a living insect create any distressing symptoms, it may be picked out by the aid of a tuft of cotton fastened to the end of a match; or killed with a drop of oil, and then readily extricated. Solution of acetate of lead, dilute cherry-laurel water, and a weak solution of corrosive sublimate have been used for the same purpose. Comperat destroyed an insect larva in the meatus auditorius, by means of tincture of opium. Andry states that a round worm crept along the eustachian tube into the ear.—*Prov. Jour.*

Extirpation of nearly the whole of the Uterus and Vagina, and of a Portion of the Bladder. By DON MELCHOR SANCHEZ DE TOCA. (Translated for *Lancet* from *Gazetta Medica*, by G. B. CHILDS, F. R. C. S. L.)—The rectum having been emptied the previous evening by a gentle laxative, and by an enema on the day of the operation, the patient was placed on a table covered with a mattress, in the same position as in the operation for stone, being held down by assistants. The bladder was emptied with the catheter, the manner in which it entered, and some drops of blood, and muco-purulent discharge, which appeared on its point when withdrawn, in consequence of coming in simple contact with its walls, showed that degeneration of some part of its parietes had commenced. The catheter was again introduced, and the index finger passed into the vagina, into the deepest point of the ulceration, situated along its anterior boundary, for the purpose of examining the vesico-vaginal septum; additional information was thus acquired of its diseased condition.

Leaving the catheter in the bladder, the operation was proceeded with. I introduced into the vagina Ricord's speculum, and opening it sufficiently wide, I guided through its cavity the separate branches of a pair of double-hooked forceps, articulated after the manner of the

midwifery forceps, and seized with them a prominence of the cancer, which presented apparently more resistance than the other points; I delivered these to an assistant to hold, and with another pair seized the tumor, from another prominence, on the opposite side. I then withdrew the speculum, allowing the forceps to pass out of its cavity, through its superior longitudinal fissure, and I commenced to drag at them in a gentle and gradual manner, in order to bring down the womb; but the latter, disfigured and reduced to a misshapen cancerous mass, was intimately adherent to the neighboring organs, and retained in its situation, not only by its natural attachments, but by other diseased bands; all my efforts to make it descend were ineffectual, and the softest and the most fragile part of the degenerated mass were torn through. With a long and stout double tenaculum, conducted by means of the index finger, into the depth of the cancerous cavity, I seized the tumor on its upper part, and, directing the traction in the course of the pelvis axis, I endeavored to assist the action of the forceps, but in vain. It was necessary to desist, and to decide upon attacking the tumor *in situ*.

After separating the lips, and the whole course of the vagina, by means of retractors confided to the care of assistants, I carefully made an incision into the mucous membrane, closing within it the whole incipient disease; afterwards, with a pair of dissecting forceps and a short convex bistoury, I commenced dissecting around the diseased textures. This stage of the operation was very laborious, and was delayed in consequence of the depth of the situation, the delicacy of the parts, the contractile efforts of the walls of the vagina, which, irritated by the action of the instruments, tended to obliterate its cavity, from the necessity of directing incessantly streams of cold water with a syringe to the point of operation, in order to keep the parts clear of blood; from the importance of continually examining, with the index finger of the free hand, the relations which the instrument bore to the healthy and diseased structures, with the parts which should be removed, and those which ought to remain; and from the necessity of substituting from time to time the flat handle of a scalpel for the blade of the bistoury, in order to displace the tumor, tearing it, rather than cutting it away. On the part of the rectum the dissection was less difficult, and whilst the index and middle fingers of the left hand, introduced into the gut as far up as to be on a line with the cancerous mass, guarded the action of the right hand, the index finger of the latter raised and completely insulated the tumor from its posterior and two lateral regions, leaving the fleshy fibres of the straight intestine dissected in such a manner as to be seen and felt clear and denuded. It was still necessary to detach the peritoneum from the broad ligaments, and from the morbid adhesions, the fundus of the uterus had contracted with the rectum, in order to ascertain the possibility of detaching the tumor from its anterior connections, without entering into the cavity of the bladder. But in performing the dissection on the vesico-vaginal septum, the difficulties were insuperable. An examination of the anterior parietes made

with the index finger in the vagina, and the urethral sound in the bladder, showed their extreme thinness, and their complete degeneration. The dissection must necessarily conduct me into the cancerous cavity, for it was evident that the mucous membrane of the bladder participated in the disease; I therefore resolved to form a vesico-vaginal fistula.

This being done, I consulted for a moment with my colleagues who were present, on the possibility and propriety of uniting the edges of the fistula by means of a suture, and continuing the operation: but doubting the capabilities of my patient to endure any delay in the operation, it was considered more prudent to leave the urinary fistula, and to continue the extirpation of the cancerous womb. The tumor being again seized with the forceps, I continued its extirpation, guiding myself with the left index finger, and passing round it the cutting edge of a long straight bistoury wrapped in lint close to its extremity, and finishing the operation with a long knife in shape of a bent spatula, with a cutting edge and point. I afterwards reapplied the spatula-shaped bistoury, by the aid of the finger, to some points of the fundus of the uterus, which appeared suspicious, and thoroughly scraped the whole of the indurated cavity.

Thus I succeeded in removing a large mass of cancerous growth, disposed, in a great measure, in form of vegetations. The greater part of the walls of the vagina, the inferior portion of the recto-uterine peritoneum, a portion of the inferior fundus of the bladder, all the neck, and a part of the body of the uterus, and lastly, the internal coat of its fundus implicated in the degenerate mass, were completely extirpated.

The patient evinced great courage, and did not faint during the whole time of the operation. The after-treatment consisted in the introduction of pledgets of lint, smeared with cerate, placed in contact with the wounded surface, and keeping a stout gum-elastic catheter in the bladder, in order to allow of a free escape of the urine.

The traumatic fever and diarrhœa consequent on the operation, ceased at the end of a few days. The œdematous swelling of the feet has been gradually disappearing, and instead of suffering a dreadful death, to which her malady, treated simply with palliative measures, had consigned her, she now lives to bless the operation for a less sorrowful existence, and is gradually returning to the enjoyment of her previous life. The marasmodic state to which her sufferings and the inordinate cancerous flux had reduced her has disappeared, and the abdominal pains have completely left her; hectic fever no longer exists; her appetite is good, her digestion perfect; her skin begins to assume a more healthy color, her flesh its former luxuriance, the muscles their primitive vigor; her physiognomy is losing the stamp of habitual suffering, and acquiring the expression of health; in short, this lady now begins to occupy herself in matters connected with her household; and although, as yet, she has not left her home, she is prevented only from doing so by the incle-

mency of the season. The urinary fistula, the inevitable result of the utero-vaginal cancer attacking the bladder, is an inconvenience tolerated only as long as she may deem it proper, and I hope soon to occupy myself in its removal.

Such are the observations I have to offer on the utero-vesical cancer operated on by me, and which I have deemed of sufficient importance to lay before the notice of this academy, and I consider, also, that some conclusions may be drawn from them, worthy also of occupying the attention of this learned body.

1st. Cancers of the uterus should not be abandoned, as they have hitherto been amongst us; extirpation ought to be applied to them as well as to other cancers; and although here, as in all extirpated cancerous tumors, there may be a fear of reproduction, yet we ought not the less to regard the operation as the only anchor of salvation. In the present case, even should the cancer be reproduced, the advantages of the operation are incontestable, and are being felt daily.

2d. The operation should be done as soon as possible. As the greater number of these cases commence in the uterine neck, the operation, performed in proper time, is reduced simply to extirpation of this part only; and is therefore less serious, and the chances of success are more numerous.

3d. Although the cancer may have invaded the whole of the womb, its extirpation ought to be attempted, either without opening the peritoneal cavity, removing by dissection the internal coats of the womb, and leaving only the parts in immediate connection with that membrane, or by entering its cavity and extracting the whole of the uterus, together with its peritoneal covering.

4th. The extension and progress of cancer to the vagina, and even its propagation to the bladder itself, although they render the operation more and more grave, and diminish the probabilities of success, are not sufficient to justify us in renouncing it altogether. Between the perspective of a certain and dreadful death, on the one hand, and some probabilities, although not very great, of life and cure on the other, the choice cannot be doubtful.

5th. The urinary fistulæ, resulting in those very advanced cases, may be reunited immediately after the operation, or very soon after the cicatrization of the wound induced by the operation.

Influence of Pregnancy upon the Progress of Phthisis.—It is an opinion of very ancient date, and, we believe, of pretty general acceptance, that the course of phthisis is modified, or may even be suspended, by the occurrence of pregnancy. This opinion has, however, been contested in some quarters, and, among others, by Andral and Louis. Latterly, M. GRISOLLE (in a memoir presented to the Academy of Medicine) has collected twenty-seven cases of phthisis coinciding with pregnancy. Of these twenty-seven cases, there were only three in which the rational signs of consumption preceded the pregnancy. In the remainder, the first symptoms of the disease ap-

peared during the early months of gestation. These facts are sufficiently demonstrative of the commencement of tubercular disease, under conditions generally thought to be adverse to its manifestation. M. Grisolle has further ascertained, by statistical inquiry, that, so far from pregnancy delaying the fatal termination, the disease would appear to progress more rapidly in pregnant than in other females. In fourteen cases examined in reference to the duration of phthisis, he finds the average to be ten months, while in non-pregnant women it appears, according to Louis, to be fifteen months. In so far, therefore, as these few observations go, there appears to be no foundation for the opinions generally entertained.—*Prov. Jour.*

M I D W I F E R Y .

Neuralgia of the Cervix Uteri.—According to Malgaigne, this is a frequent affection. It is combined with leucorrhœa, and with congestion of the os and cervix. The characteristic symptom is the presence of a painful spot, generally near the anterior lip. It is also accompanied by neuralgic pains in the abdomen, loins, and epigastrium. His treatment consists of an incision into the painful spot, by which he divides the affected nerve. He states that he has met with great success, and the hemorrhage has in all cases been trifling.—*Prov. Jour.*

Recovery of an Infant after Perforation of its Cranium. By Dr. LAGAE.—In July, 1839, the author was called to a woman, æt. 34, in labor with her second child. Two years before, she had been delivered of a still-born child by means of the forceps. He found that the labor had continued more than forty-eight hours, and that the practitioner in attendance, after having in vain endeavored to deliver by the forceps, had perforated the cranium, and made ineffectual efforts at extraction. The woman was fatigued, but not exhausted, and Dr. Lagae fearing, owing to the height at which the head was situated, and to the narrowness and obliquity of the pelvis, that greater danger would result to the mother by continuing the attempts at extraction than by perforating the Cæsarean section, resorted to the latter. No difficulty attended its performance, the mother getting about in a few weeks, and living for eight years after. A feeble male infant, heaving some sighs, was delivered. There was a large wound in its cranium, situated to the right of the sagittal suture, and a few lines in front of the posterior fontanelle. Through this the brain was visible, looking like a sanguinolent pulp, a small portion escaping by the wound, as did other portions, after the suppurative process was set up. The child recovered; compresses, dipped in cold water, being alone applied to the part. It, now nine years old, was recently exhibited to the West Flanders Medical Society, a loss of substance equal to a two-franc piece in size being still observable in its cranium, notwithstanding that reparation of the loss of the cranial bones occurs in the young.

The child's intellectual faculties are in their normal state. A circumstance worthy of note is, that at the solution of continuity in the bone, where the soft parts alone cover the brain, there sometimes takes place a depression, and then the brain is plainly seen raised up by the arterial pulsations at the bottom of this cup-like depression. When this appearance manifests itself, experience has shown that the child is not well. At other times, the soft parts remain on a level with the cranial bones, and the arterial pulsations are slightly, if at all, observable.—*Brit. and For. Med.-Chir. Rev.*, from *Revue Médico-Chirurg.*

Cæsarean Operation successful to both Mother and Child.—An Italian journal, the *Gazetta Medica Lombarda*, reports the following case :—A female, aged thirty-five, had for many years been subject to rheumatic pains in the pelvis and lower extremities. Her first child was extracted dead. During her last pregnancy, she had a return of her arthralgia, during the persistence of which her body became so curved that she could not raise herself upright. Labor commenced on the morning of the 20th of June, and the midwife having recognized an arm presentation as well as a distorted pelvis, sought the aid of M. Custodi. By him it was soon ascertained that the transverse diameter of the brim was only two inches ; the oblique, three inches. Under these circumstances, in accordance with the views of the Italian school, the Cæsarean operation was at once decided upon, and performed six hours after the commencement of labor. The only bad symptom which followed was some degree of meteorism, which was combated successfully by the external and internal use of ice ; and on the ninth day the abdominal incision had perfectly closed.—*Monthly Retrospect.*

On Local Bleeding in Displacement of the Uterus.—M. C. OLLIVIER, of Angers, observes that, during a fifteen years' practice, in which uterine diseases have especially occupied his attention, he has never met with a case of displacement of the uterus that was not preceded by a more or less considerable degree of engorgement ; and that, instead of employing pessaries, and the whole variety of palliative bandages, he has been always enabled, by leeching the os uteri, to effect a radical cure. The careless way in which leeching this part has frequently been performed, has been the reason it has so fallen out of favor. In the first place, it should very rarely be undertaken, except in chronic uterine affections, when the congestion has become purely passive. Small leeches should be employed, rather than large ones, the suction of the latter being too energetic, and their bites sometimes proving painful. They should never be employed in a large number, it being far preferable to renew their application frequently. In applying them, a small conical speculum should be used, so that the whole of the os uteri may not become inclosed within it ; for otherwise there is risk of the leeches entering within the cavity of the cervix. It is from accidents, which have

resulted from their doing so, that their application has been thought to be attended with danger. It is evident that considerable *engorgements* will yield only to repeated applications; but these should be made by a small number of small leeches.—*Brit. and For. Med. Chir. Rev.*, from *Gazette des Hôpitaux*.

MATERIA MEDICA AND THERAPEUTICS.

Strychnine in Chorea.—M. TROUSSEAU treats chorea by the use of a preparation of the sulphate of strychnine. Of this, they prepare a syrup in the proportion of four-fifths of a grain of strychnine to three ounces of simple syrup. In children from six to twelve years of age, he commences with six teaspoonfuls during the day; in more advanced age, the dose is a dessert-spoonful six times a day. The doses are equivalent in the first case to thirty, and in the second to fifty grammes of the syrup, twenty grammes of which contain one-seventh of a grain of strychnine. These doses were increased or diminished according to the effects produced. Under the use of the remedy, a distinct rigidity of the jaws, neck, and limbs is produced; but the author has found that these physiological symptoms are the forerunners of the yielding of the disease, and he therefore advises the continuance of the medicine until they are induced.—*L'Union Médicale*.

Preparations of Manganese in Chlorosis.—M. HANNON has investigated the therapeutic action of oxide, carbonate, malate, tartrate, phosphate, and ioduret of manganese in chlorosis, and has found that these salts may be given in doses somewhat similar to those of the preparations of iron, while their medicinal properties are regarded by M. Hannon as superior.—*Journal de Chimie Médicale*.

Action of Aconitum Napellus.—M. TEISSIER, of Lyons, has conducted a series of experiments on the aconitum napellus, with the view of studying its stupefying and antiphlogistic actions. The stupefying action is undoubted; it differs from that of morphia, the influence of which is perceptible in more or less relieving all kinds of pain; aconite, on the contrary, has power only over special pains. This speciality of action of the aconite is one of its principal characters, and it results from the fact that the stupefying property of this medicine is only secondary; its principal, and in some sort specific, action is exerted on the skin; it consists in eliminating the noxious elements from the vessels of that membrane, and in re-establishing its functions, when they have been disturbed either by the repercussion of the perspiration or by the presence of any virus. Thus, aconite is adapted for the treatment of diseases caused by cold, the consequences of catarrhs, and also of the diseases in which a morbid principle is retained in the cutaneous tissue, such as the exanthematous fevers. The painful diseases in which M. Teissier has obtained

benefit from the sedative action of aconite, are those depending on a catarrhal or rheumatic cause. The antiphlogistic action of the plant is quite secondary and subordinate to its action on the skin.—*Jour. Psychol. Med.*, from *Revue Médicale*.

M I S C E L L A N E A .

Animal Grafting.—PROFESSOR BERTHOLD, of Goettingen, has recently performed a series of curious experiments on the transplantation of testicles. He castrated six young cocks, two or three months old, leaving them, however, the crest and spurs. From two of these animals he took the testicles off altogether; both these assumed all the characters of capons: the crest turned pale, and the head remained small. They were killed five months afterwards. At the place of each testicle a small cicatrix was found, and the seminal duct was reduced to a mere thread. From two other cocks one testicle only was removed; and with the two next, both testicles were excised, but the testicle of the one was reciprocally introduced and left in the abdomen of the other. The four latter cocks preserved all the characters peculiar to their kind: they grew up, showed themselves as passionate as heretofore, and evinced the same inclination for the hens. With all of them the crest and spurs developed fully. One of the cocks, from whom one testicle only had been removed, was killed two months afterwards. The remaining testicle was found in its usual situation; it was hypertrophied, and yielded, on a section being made, a whitish fluid with cells, but without spermatozoa. On the same day that the crest and spurs were removed from the three other cocks, and the testicle of the animal which had been left, one of these organs was removed; the latter recovered neither his crest nor spurs, ceased following the hens, and lost all the characters of the male sex. This, however, did not happen with the two others: their crests and spurs grew again, and when they were killed, six months after the transplantation of the testicles, this organ was with both found very large, situated behind the colon, and between the extremities of the cœcum, and supplied with large branches from the mesenteric vessels which were distributed within the testicle to the seminiferous vessels. The latter contained a normal seminal fluid with cells and spermatozoa. From these experiments the author concluded—1st. That testicles may be transplanted, and will unite with living structures after their removal from the body; not only when placed in their ordinary situation, but even in an abnormal locality. 2d. That the organ, in this new situation, exactly like the grafted branch, retains its specific properties, and secretes its natural fluid. 3d. That the specificity of nerves is not indispensable to the preservation of functions. 4th. That the separation of the testicles does not deprive the individual of the characters of his species, when care is taken to preserve this organ in another part of the body; so that it would seem that the action of the fluid secreted in the testicle suffices, by its contact with the blood, to give to the economy the characters peculiar to the species.—*Dublin Med. Press*.

Prof. Tiedmann's Retirement.—Our readers will learn with regret that the celebrated anatomist and Physiologist, Tiedmann of Heidelberg, has just resigned his chair. His retirement is attributed to the grief the eminent professor feels at the death of his son, who had been commander of Radstadt during the recent Baden insurrection, and who was executed on the surrender of that fortress.—*Lancet*.

The Fathers of Medicine.—M. Daremberg, the eminent Librarian of the Academy of Medicine, of Paris, well known by his vast researches in ancient medical literature, is now proceeding to Italy, in order to gather in the public libraries of that country, further materials for the edition of the medical writers of antiquity, which he is to publish, under the immediate support of the Academy. The Minister of Public Instruction, at whose suggestion this scientific mission has been instituted, requested the Academy of Medicine to give M. Daremberg detailed instructions on the following heads: 1st, history and literature of medicine, both in remote and in the middle ages; 2d, the collection of materials for the above-mentioned work; 3d, the compilation of a catalogue *raisonné* of medical manuscripts; (this catalogue is already begun, and comprises the libraries of Paris, England, and the north of Germany.) These various tasks have appeared to the Academy above the efforts of a single man, and M. Daremberg was therefore desired to confine himself especially to the examination of manuscripts referring to the following authors: Hippocrates, Rufus, Galen, Oribazius, and Aëtius.—*Ibid.*

Statistics of the Egyptian School of Medicine.—The school of medicine founded twenty-two years ago, has received, during that time, eight hundred and thirty-nine students. In six years from its opening a class of eighty-seven pupils had completed their studies. In five years subsequently, another of ninety-one; a third, of one hundred; a fourth, of one hundred and seventeen; a fifth and last, of one hundred and twenty-seven, recently left the school. The remainder have not yet completed their medical education. Of this number, three hundred and seventeen are employed in the army, navy, schools, workshops, docks, &c.

The obstetric school has been established only twelve years. At first the sole pupils were twenty-four negroresses. Subsequently poor girls were taken as pupils, and with difficulty sixty could be collected. Many of these are now practising with success in Cairo, Alexandria, and Damietta.—*L'Union Médicale*.

O B I T U A R Y .

MORTON THOMAS, Esq., Surgeon to University College Hospital and to the Queen's Bench Prison, at his residence, on the 30th Oct., aged 35 years. This talented surgeon it appears, died from prussic acid administered by his own hands. The cause, we learn from one of our exchanges, was a fit of insanity, connected with hypochondriasis.

PART FOURTH.

EDITORIAL

AND

AMERICAN MEDICAL RETROSPECT.

REAPPEARANCE OF CHOLERA, PUBLIC HYGIENE, ETC.—Circumstances have again occurred which render it necessary for us to record the fact, that Cholera has reappeared among us. From the department of the Commissioners of Emigration we learn, that there has already occurred at the Emigrants' Refuge, and Refuge Hospital on Ward's Island, some 80 cases, of which about 30 have proved fatal. These institutions it will be remembered are the receptacles of all the deplorable poor, and poverty-stricken emigrants landing in this port, who are so reduced, or in such circumstances as to be unable to provide for themselves. Some idea of the number here congregated may be gathered from the following facts, viz.: that the whole number admitted into these institutions during the last year, was 6,827: that the hospital arrangements are such as to admit of about 860 patients, which arrangements, to say the best, are indifferent in a medical point of view, for the purposes for which they are intended. Of the crowded condition of things we may learn from the fact, that the estimated number of days of inmates in these institutions for the year 1849, was 468,000. To the public and its presses it may not seem strange that the disease should reappear on this island. But to the medical profession and to us, there is in it the harbinger of trouble, which in the present state of sanitary affairs in this city, will not cease until our citizens are again compelled

to drink the dregs of a scourge, which at the present time hangs like the fabled shirt of Nessus, about and around us. If we mistake not, it is the opinion of those who have most investigated the subject of the present and prospective sanitary condition of our city, that ere long we are destined to suffer, and that severely too, from the unsatisfactory and ill-conceived management of our Medical Police regulations. There exists no actual necessity for this state of things. Medical men are to be found among us whose wise and judicious counsel is demanded, and which, if obtained and carefully followed out, would save us from the probability of epidemic scourges, which have in times gone by nearly decimated great cities. Why then, we would ask, are not they consulted, and their suggestions heard too and followed by those, who to say the least are intrusted with matters beyond their proper and judicious comprehension—matters that pertain to medical police and public health, and matters about which medical men alone are qualified to judge?

We have been led to make these remarks, by the appearance presented by the present actual sanitary condition of our city around and in the midst of us. Nuisances great and powerful exist in every Ward in this city—nuisances which call for and demand *immediate* abatement, in order that we may, if there is now a possibility, escape the threatenings which now menace our safety. That these remarks may not be considered as the opinion of one individual alone, we abstract the following from the “report of the committee on public hygiene” made to the American Medical Association at its last annual session: “With reference to health, the character of the city of New-York is by no means what it might be, if its facilities for maintaining cleanliness, and enforcing other sanitary measures, were properly regarded and diligently embraced. Its ratio of mortality is believed to be above the average of large cities, and when its great natural advantages are taken into consideration, and comparison is instituted between it and less favored places, we must necessarily look to its sanitary regulations for the cause of this.”* Such are the convictions of judgment of one who has paid no small degree of attention to this subject. And why, we would ask, will not those who have the power, institute prompt and efficient measures which are alike called for by the necessities of the case—the dictates of reason—and the urgent and imploring calls of humanity? Does not the experience of last season throw light on this subject, by showing

* Vide the Transactions of the American Medical Association, instituted 1847. Vol. II. 1849, p. 455.

most conclusively, that nuisances of various forms and degrees are the hot-beds of Cholera? and above all, may we—shall we not, by its powerful appeals, learn lessons of wisdom, which shall serve to guide and if possible protect us from impending danger, disease and death?

PATENT OBSTETRICAL SUPPORTERS, PATENT LEGS, &c., &c.—We are often favored with expositions of these doubtless useful improvements. But as the secular press and even the advertising pages of the Journal, are devoted to the dissemination of their well-adapted and useful properties, it cannot be expected that our pages, which profess to be the oracle of the medical profession, can be the medium of proclaiming their merits, however useful they may be; especially when we have staring us in the face the fourth section of article first, chapter second, of the code of medical ethics, adopted by the American Medical Association, to which we cheerfully subscribe in all its force. So long, therefore, as we have control of the pages of the Journal, we must be exonerated from taking any positive stand that will contravene the language or spirit, however frequent others may do it, of the section above referred to. The moment we step aside from this path we shall be crowded with applications, and we shall be led widely aside from the line of duty we have marked out to pursue.

EDITORIAL CHANGES,—NEW APPOINTMENTS AND NEW JOURNALS.

Prof. P. F. EVE has retired from the editorship of the Southern Medical Journal, and Prof. J. P. GARVIN succeeds him. Dr. G. brings with him experience as well as ability and talent, and we welcome his return to the editorial chair of our valued contemporary, feeling the full assurance that, in the loss of the former, we have gained one who will not fail to reflect equal credit upon the censorship of the medical literature of our country.

Prof. DAVID H. TUCKER has retired from the editorial management of the Medical Examiner, and Dr. F. G. SMITH remains the sole editor. This journal, under the fostering care of Drs. Smith and Tucker, has lost none of its original popularity, and we are pleased to acknowledge it as among the most welcome of our exchanges.

Prof. LAWSON is now the only editor of the Western Lancet and Hospital Reporter. Its subscribers and friends need not apprehend any diminution of interest in its editorial pages, as Dr. L. has had, during the whole time of the late Prof. Harrison's connection with it,

the almost sole charge of its editorial management. We are pleased to see, that while the spirit of controversy waxes warm in the "far West," it preserves its former wise, judicious, and even course.

Prof. S. H. SMITH succeeds the lamented and late Dr. BUTTERFIELD in the editorial chair of the Ohio Medical and Surgical Journal, also that of Prof. of Theory and Practice of Medicine, in the Starling Medical College. The able and satisfactory manner with which Dr. Butterfield ever discharged the duties connected with the editorship of that journal, we hope and believe, will continue to be evinced by his successor.

Drs. GAILLARD and DE SAUSSURE have retired from the editorial management of the Charleston Medical Journal, and have been succeeded by Drs. CAIN and PORCHER. This journal has always been considered as a favorite among our exchanges.

Dr. N. D. BENEDICT has been appointed superintendent of the New-York State Lunatic Asylum, at Utica, in place of the late Dr. BRIGHAM.

With the commencement of the new year, two new medical journals have sprung into existence, one the St. Louis Probe, edited by A. J. COONS, M. D., and J. R. ATKINSON, M. D. It is a monthly, of twenty-four 8vo pages, and, we presume, is intended to take the place of the St. Louis Medical and Surgical Journal. The other is styled the Northern Lancet and Gazette of Legal Medicine, edited by T. J. D. AVINGTON, M. D., and HORACE NELSON, M. D. It is published monthly at Plattsburg, New-York.

CONTRIBUTIONS TO THE VALUE OF CHLOROFORM. BY R. P. STEVENS, M.D.

To S. S. Purple, M. D.—*Dear Sir*,—In the July number of your valuable Journal I published a contribution to the value of chloroform in natural cases of midwifery. When a new agent is introduced to the notice of the medical profession, one naturally wishes to test the range of its capabilities to subserve the interests of that profession. If it professes to be the friend of the physician in alleviating the sufferings which he is called to minister unto, to test how far its friendship extends, and where it ends.

The first disease which I propose to report its favorable use in, is a case of Nervous Dyspepsia, of some eighteen months standing. Mrs. S., of a nervous temperament, æt. 33, had frequently suffered from this ennui-engendering disease. Her last attack was peculiarly obstinate, resisting the usual remedies, which in former attacks had procured relief; and the usual round of anodynes, antispasmodics, and tonics, either separate or combined. Hydrocyanic acid, of the strength of Scheele's formulæ, in large doses, would give some tempo-

rary relief. Her life was rendered miserable; her spirits much depressed, and this depression made her dyspepsia worse. Immediately upon the republication of Professor Simpson's pamphlet, in Boston, I procured from that city some chloroform, and administered by inhalation about fifteen drops, upon a linen handkerchief, folded for the purpose. It produced but partial anæsthesia, but the dyspepsia disappeared from that time, and has not returned, a period now of nearly two years.

Three cases of *Furuncula* cured by the application of a dossil of lint saturated with chloroform. One of these diminutive, but exquisitely painful tumors, was situated within the nasal orifice. It was speedily discussed, much to the delight of the modern Job.

Three cases of *Asthma*. One of a child, æt. four years. The sufferings of this little girl were truly terrific. She was stretched upon the floor; her head supported, countenance livid, eyes staring and glassy, the chest heaving laboriously, her brow bathed in a cold perspiration; her whole powers of body and mind seemed absorbed in laboring for her breath. I immediately exhibited eight drops by inhalation, which gave instant relief, equally as much to the surprise of the delighted mother, as to the comfort of the little sufferer.

The other two cases were Mr. C., æt. 37, a confirmed wheezing asthmatic. Half his nights are spent in an arm-chair. A feather-bed is suffocation to him. The first trial of chloroform was in one of his ordinary attacks. The inhalation of fifteen drops procured almost immediate relief, and in a few moments he was in a sweet sleep: he inhaled in a reclining posture, almost suffocated by his recumbent position. The second trial was when the attack was unusually severe, being increased in severity by taking a full dose of opium. It required thirty drops, thrice repeated, while sitting in his chair, to entirely relieve his respiration; soon after the second dose it became easier, more natural and fuller. The pulse denoted the effect of the chloroform upon the heart and arterial system, and he soon fell asleep, the first he had had in three days and nights. We gently bore him to his couch, and he had a sound sleep of nearly four hours, and awoke in the morning refreshed, leaped aboard a raft, and piloted it to Pittsburgh.

I have found it useful in *Ondontalgia*, by applying it to the cleaned cavities of the carious teeth, in irritable corns and bunions, and in chilblains.

In *Neuralgia* of the supra-orbital nerves, applied over the foramen by a saturated dossil of lint, covered with oiled silk, it procures instant ease.

In six cases of *Cholera Morbus*, attended with cramp of the muscles of the extremities and abdomen, chloroform, with camphor dissolved in it, has succeeded like a charm in arresting the convulsions, and relieving the pain.

It has sometimes needed to be repeated. It is a powerful solvent of camphor, and prevents this gum from distressing the stomach.

In one case of stercoraceous vomiting, in doses of thirty drops, thrice exhibited internally, it restored the peristaltic motion of the

alimentary canal to its normal state, imparted new life to the circulation, heat to the extremities, and warmth and moisture the surface. When received into the stomach it is an exciter to the heart and arteries, equally as prompt and decided as it is a depresser when inhaled. In the last case mentioned, the pulse rose from thirty-two beats in a minute up to seventy—from being feeble and flickering, to full, soft, and strong.

One case of sick head-ache. Mrs. S. subject to frequent attacks, oftentimes assuming a neuralgic character; vomiting gives no relief, but increases the pain; counter-irritation along the affected nerves also increases the pain. Morphine gives relief at the expense of a sick day following. Sleep, though but for a few moments in the initiatory symptoms, often allays the attack. Gave fifteen drops by inhalation; not producing the desired effect, through imperfect application of the napkin to her mouth, the dose was repeated. In a few moments, as soon as the pulse indicated the influence of the chloroform, she fell asleep, and awoke perfectly cured. The next day ready for her accustomed duties.

CASE OF MORBUS BRIGHTII.—During the first week of January, 1850, I was called to visit a boy aged 13 years with the following prominent symptoms, viz. high fever, furred tongue, and pain in the loins. I should state, that when two years of age he was attacked with caries of several dorsal vertebræ, which resulted in permanent curvature of the spine, from loss of vertebral substance—he is of a decidedly strumous habit.

I administered a small dose of Calomel, followed up with Oleum Ricini, which acted freely, and after the discharge of the morbid secretion, he seemed so much relieved that I ceased visiting him.

On the morning of the 21st I was again sent for, and found him as follows: Slow irritative fever, accompanied with vomiting and purging of a mixture of bile and white curdled matter resembling sour milk; considerable abdominal dropsy, the tension being so great as to cause the little sufferer to exclaim, Doctor, open me, open me! Œdema of the lower extremities—pain in the region of the kidneys—urine very scanty and of a milky appearance—tested it by heat and nitric acid—coagulates immediately—administered a combination of calomel, half gr., squills, 1 gr., and opium, one fourth of a gr., every two hours, with occasionally a table-spoonful of gin toddy.

22d. 11 o'clock, A. M. Has had no vomiting of any account during the night, but has been pretty drastically purged by the medicine. Urine still scanty, but not so albuminous—abdominal swelling, and anasarca much diminished—tongue still furred, pulse very feeble—ordered same prescription at longer intervals.

23d. 11 A. M. All the symptoms much improved; urine freer in discharge, and assuming a natural appearance—does not coagulate by heat, and but slightly so by addition of nitric acid;

showing still a small trace of albumen—bowels not open to-day—ordered a small dose of calcined magnesia—continue toddy and omit the pills.

24th. 12 A. M. Patient better in every respect—pulse stronger, tongue nearly clean, urine quite clear, by test exhibiting no albumen—abdominal swelling subsided—still a little œdema of lower extremities—ordered one pill of the previous prescription every other night—diet nutritious, with a little horse-radish, as condiment.

27th. Patient rapidly convalescing—able to walk out—no œdema—ordered a continuance of nutritious diet.

That this case was one of Bright's disease, can scarcely be doubted, if we are to attach credit to the diagnosis of writers, particularly him, after whom the disease has been named.—See Wood, vol. 2, page 538; Elliotson, page 160; Watson, page 783, and others.

That this disease occasionally occurs in young persons, particularly of a strumous diathesis, no one will doubt; but it is rare in this country, in comparison to the numbers of adult cases. The favorable result in this instance, I think, may doubtless be attributable to the mercurial, combined with the squills and opium. Our countryman Dr. Wood seems to think it of doubtful applicability in such cases.—Vide Wood's Practice, vol. 2, p. 543. Mercury, so useful in most inflammatory affections, is here of doubtful utility, if not positively injurious; it is said of itself to sometimes produce albuminous urine, and upon this ground has been feared in Bright's disease.

Elliotson, Watson and others, speak favorably of its use; Dr. Bailles states, that squills and digitalis are much less effectual by themselves, than when combined with mercury, &c.

Respectfully your friend,

SAMUEL TYLER,

To S. S. Purple, M. D.,
Editor of the New-York
Journal of Medicine, &c.

Secretary of the Fredk. Co. Medical
Society, and Member of the American
Medical Association,
Frederick City, Maryland.

VITAL STATISTICS IN BROOKLYN.—The following paper was read before the State Medical Society, at the last Annual Meeting, by Dr. Chas. S. J. Goodrich, to whom we are much indebted for a copy for publication in the Journal.

To the President of the State Medical Society:—In compliance with a resolution of your Society, passed at the last Annual Meeting, I herewith communicate to the Medical Society some vital statistics in the City of Brooklyn, for the year ending 1st January, 1850. As the Health Officer of the city of Brooklyn, it became my duty to make return to the Common Council in the month of January, of the diseases and deaths recorded in my office during the year. So

much of that Report as I have supposed might be of interest, I offer the Society, in the hope that other members may be induced to communicate, as they have opportunity, similar statistics. Should this practice become general among the members of our profession, we should in a few years be in possession of a mass of facts, interesting to us as medical men, and valuable to the public authorities and the community generally.

The city of Brooklyn has a population of 100,000, situated on the southwestern end of Long Island, separated from New-York by the width of the East River, and somewhat nearer Quarantine for the Port of New-York, than New-York City, consequently very much exposed to the influx of foreigners, and the diseases brought to our shores by a large annual immigration. These circumstances influence, more or less, the sanitary condition of Brooklyn and New-York.

MORTALITY IN 1849.

DATE.	MALES.	FEMALES.	ADULTS.	CHILDREN.	TOTAL.
Deaths in January, 1849 . .	72	78	60	90	150
“ February, “ . .	82	78	62	98	160
“ March, “ . .	103	130	89	144	233
“ April, “ . .	62	84	66	80	146
“ May, “ . .	71	74	57	88	145
“ June, “ . .	126	125	126	125	251
“ July, “ . .	223	225	236	212	448
“ August, “ . .	345	336	382	299	681
“ September, “ . .	157	152	119	190	309
“ October, “ . .	88	93	88	93	181
“ November, “ . .	92	89	74	107	181
“ December, “ . .	5	82	81	86	167
Total	1506	1546	1440	1612	3052

Interments in Brooklyn Grounds from New-York and elsewhere, for the Year 1849, ending January 1st, 1850.—1876.

The whole number of Deaths in the city during the year 1847—1777.

Do do do 1848—2095.

Do do do 1849—3052.

The increase in the bills of mortality in 1849 over 1848 is attributable to increase of population, but more especially to the prevalence of Epidemic Cholera. The first fatal case of the epidemic occurred on the 25th of May, and the last on the 20th September. The whole number of deaths from Cholera was 650,—500 adults, and 150 children. It will be seen in the above table that in the months of June, July and August—the months in which the Cholera prevailed—the adult mortality was in excess of children 108. In the corresponding months of 1848, the mortality of children was in excess of adults 250. In each of the other nine months of 1849, more children died than adults. The ratio of deaths to population

in 1849 is 1 to 33 inhabitants, or 3 per cent and a fraction. Deduct the deaths from Cholera, would leave the ratio of deaths 1 in 42 inhabitants. In 1848 the ratio of deaths was 1 in 43 inhabitants.

Deaths from Cholera. The whole number was 650—500 adults, and 150 children; 325 males, 325 females. Of the adults 75 were natives of the United States, 391 were from Ireland and Germany, and 34 from other countries. The oldest victim of the epidemic was a colored woman of the age of 90. The youngest an infant of 1 day, who was born in the hospital, and with its mother died, both marked cases of the epidemic.

One peculiarity in the epidemic of 1849, not observed in that of 1832, is the large relative number of children. In one family 4 children died within 24 hours. The ratio of deaths from Cholera was 1 in 155 inhabitants. A large proportion of the adults were addicted to intemperance in a greater or less degree—nearly four-fifths. In those who were temperate the exciting cause was in almost every instance traceable to gross imprudence in eating noxious food, immature or stale vegetables. In some few instances, grief, fear, or other mental agitation was manifestly the excitement of the attack. Some few families were entirely swept off, and that too in a short time. In some families four, five and six of their number have fallen victims. At first view this would seem to favor the idea of contagion; but it should be borne in mind that, in most instances, one and all members of the family would naturally be exposed to similar excitements and influences, and after the first fatal case in the family, there would be superadded grief, mental anxiety and fatigue, all of which we know are powerfully provocative of disease.

REMARKS ON EPIDEMIC ERYSIPELAS. By S. TYLER, M. D.—It is often, doubtless, a matter of surprise to well-informed, unprofessional readers, that there are so many apparent contradictions in the results of the observations of the most experienced professional men. These contradictions are most frequently owing to the want of proper vigilance on the part of observers, and to the extreme difficulty of correctly interpreting the facts observed. I wish, very briefly, to call attention to the prevalence of an epidemic, which many of the oldest practitioners seem at a loss to account for.

It is known that previous to the Cholera of 1832, Influenza, and other similar affections preceded the epidemic, and that Scarlatina succeeded the Cholera of that year, in nearly every locality in which it had prevailed. At present, an epidemic of the following characteristics prevails very generally:—Fever of different grades—depending in each case upon the peculiar circumstances attending it, together with an eruption of an erysipilatous character, and passing off with the regular symptoms and appearances of the decline of ordinary erysipelas. The almost universal prevalence of this disease has given rise to much speculation as to its origin, and as before remarked, the oldest practitioners seem unable satisfactorily to account for it.

As the result of my own observations, together with analogical reasoning, I think it may be attributed to some meteorological change in the atmosphere; such as was determined to have caused the prevalence of other eruptive diseases, so generally prevalent, after the epidemic of 1832, and not to mere local causes which ordinarily produce disease.

SOCIETY FOR THE RELIEF OF THE WIDOWS AND ORPHANS OF MEDICAL MEN.—We have received the following letter from an esteemed friend, and most cheerfully give to it a place in our pages.

Dear Sir,—In your notice of the Society for the Relief of the Widows and Orphans of Medical Men, in the last number, you omitted to state the *important fact* that, at the Dinner, *nine Life Members* handed in their names; thus adding the amount of \$800 to the funds of the Association.

As an item of intelligence, I would state, that the pupils and friends of Dr. F. U. Johnston have procured his Portrait, which is to be deposited in the Governor's Room of the New-York Hospital, Dr. Johnston having served that institution for a period of more than twenty years.

The friends of the late Dr. Jas. Macdonald have also collected subscriptions for the Portrait of the deceased, to be deposited in the Bloomingdale Asylum, the theatre of his labors during many years.

Truly yours,

A LIFE MEMBER.

CONTRIBUTIONS TO PHYSIOLOGY.—COMMUNICATION FROM PROFESSOR LE CONTE.—*Dear Sir*—The brief notice of Dr. Bennett Dowler's pamphlet, entitled "Contributions to Physiology," contained in the last number of your Journal (for January, 1850, p. 142), has suggested to me the propriety of calling attention to a paper which your correspondent published in the "New-York Journal of Medicine and the Collateral Sciences," first series, vol. 5, page 335, *et seq.*, for November, 1845, under the title of "*Experiments illustrating the seat of volition in the Alligator, or Crocodilus Lucius of Cuvier.*"* By comparing this article with Dr. Dowler's "Contributions to Physiology," as published in the "New-Orleans Medical and Surgical Journal," for November, 1849, page 381, *et seq.*, it will be perceived that this original and indefatigable physiologist has been anticipated in the experiments, as well as in the conclusions deduced from them. For it will be seen that I have, in the above-mentioned article, discussed at length the bearing of these experiments on the reflex system of Hall and Müller. It is natural, therefore, that I should be

* The reader of this article is requested to make the following corrections in typography, viz. p. 342, line 27, for "analogies" read *analogous*; p. 344, line 4, for "case" read *trace*; line 51, for "different" read *affluent*; p. 345, line 11, after "may" insert *be*; and p. 346, line 20, for "two" read *to*.

somewhat surprised to discover that no mention is made of my experiments or my deductions in Dr. Dowler's recent article. This surprise is heightened by the fact, that in a review of Mr. Solly's work on the brain, written by Dr. Dowler, and published in the New-Orleans Medical and Surgical Journal for July, 1848, p. 84, *et seq.*, my experiments are quoted *in extenso*, and their physiological bearing fully acknowledged.* He remarks, "Since the above article went to press, I have obtained, through the politeness of Dr. Fenner, the very interesting paper of Professor Le Conte (in the New-York Journal of Medicine for November, 1845), namely, "Experiments illustrating the seat of volition in the Alligator." These experiments refute the universally received doctrine which localizes sensation, intelligence, volition, etc., exclusively in the brain." After quoting Mr. Solly's views in relation to the seat of sensation and perception, Dr. Dowler further says: "Now, instead of these diluted waters of opinion, let the reader look at Dr. Le Conte's experiments, massive as a mountain of granite." Then follows the extract detailing my experiments, concluding with a quotation of my deductions from them. (Vide New-Orleans Journal for July, 1848, pp. 98, 99, 100.) Of the recent series of experiments of Dr. Dowler, *one* of them was made in October, 1847, *four* in 1848, and *three* in 1849. My experiments were performed in March, 1845. Dr. Dowler says that his experimental researches "originated incidentally during a course of anatomical examinations made upon the great saurian of Louisiana."

Under these circumstances, I must confess that the omission to give me credit for priority in this field of investigation is quite inexplicable: it must have been an oversight. "*Fiat justitia ruat cælum.*"

It affords me no small gratification to find, that Dr. Dowler's experiments are in the main confirmatory of my deductions. The *slight* motions which he observed in the anterior extremities after the spinal cord was destroyed several inches below the part giving off the axillary plexus, probably arose from the imperfect destruction of *all* parts of the column. The remarkable performance of the separated head springing from the table to the distance of six or eight feet, which seems to be so puzzling to Dr. D., was obviously produced by a rapid and forcible depression of the lower jaw reacting against the plane of the table. Under such circumstances, the point of contact of the anterior extremity of the lower jaw with the table becomes the *fixed point*, while the point of application of the *force* is transferred to its posterior or articulating extremity. Upon mechanical principles, such a force, if sufficiently powerful, must project the head upwards and forwards. The philosophical toy, con-

* From a passage in a paper published by Dr. Dowler, under the title of "Contributions to the Natural History of the Alligator," it appears that his attention was directed to my experiments at a much earlier date; in fact, soon after their publication. The article contains a distinct reference to them, together with a short extract. (Vide New-Orleans Medical and Surgical Journal for November, 1846.)

structed from the breast-bone of a goose or turkey, which the boys call "Jack-jumper," acts upon precisely the same mechanical principle.

Considering the bearing of such experiments on the received doctrines of physiology, I, of course, felt the necessity of an early repetition and verification of them. Accordingly, an account of confirmatory experiments will be found in a letter addressed to Dr. C. A. Lee, and published in the New-York Journal of Medicine for January, 1846, p. 135.

With the highest respect,

I remain yours most truly,

JOHN LE CONTE.

University of Georgia,
Athens, January 19th, 1850.

PATHOLOGY AND PRACTICAL MEDICINE.

Hemorrhage from the Umbilicus.—The following observations by Dr. Bowditch, are appended to a paper on this subject in the last number of the American Journal of Medical Science.

I have endeavored to obtain records of twelve cases that have occurred in Boston, seen by Drs. Homans, Jackson, Hayward, and Dyer. Of five, I have gained some imperfect details. Of the others, Dr. Homans, who has collected them, has given me a few items. I will give a brief analysis of their main facts.

Hereditary predisposition.—In only one case is notice taken of any predisposition. This, however, evidently does not give the exact ratio, the records, in this particular, being poor. In one case, the mother was represented as being of a scrofulous disposition.

Period after birth at which hemorrhage began.—In the eleven cases in which this was noticed, its average was seven and three-quarter days before hemorrhage began. The earliest day was the third; the latest was the eighteenth.

Period after falling of the cords, at which hemorrhage began.—In three of the cases was this mentioned, and the average time was the eighth day. Latest, eleven days; earliest, five days.

How soon did death happen after the commencement of hemorrhage?—This is named in nine cases. In one, it occurred in "a few hours." Of the eight other, three and seven-ninths of a day, was the average; seven days being the highest, and one day the lowest.

Character of the hemorrhage from umbilicus.—Mentioned in six cases. In one, it was sudden, and with a sudden return after being stopped, and death took place in a few hours. In all the rest, there was more or less effect from the treatment, the blood being checked in its course—usually, however, only for a short time.

Was there any bleeding from other parts besides the umbilicus?—A tumor on the scalp appeared in one. In two more, some purpuric eruption; and bloody dejections in six.

Jaundice is a very common accompaniment of this hemorrhage, and is decidedly an unfavorable, though not a fatal, symptom.

Finally.—One died comatose; but the usual termination of life was, apparently, from prostration, induced by the hemorrhage.

From these investigations, and other facts not noticed in this paper, we may infer, I think, that there are five classes of hemorrhage from the umbilicus.

1st. A bleeding occurs soon after labor. This is generally owing either to insufficient care in applying the ligature to the cord, or to a contraction of the cord, which, at the time of being tied, is large; and the fluids, subsequently exuding, allow a relaxation of the ligature. This, if noticed early, can be easily restrained by a new string.

2d. I find one case recorded by Dr. Hill (*London Med. Gaz.*, from *Dublin Med. Press*, vol. iii. p. 556), in which great hemorrhage occurred, in consequence of a practitioner having forcibly removed the cord, from fear that erysipelas would ensue, if it were allowed to remain. It is to be hoped that few cases of this kind will ever occur.

3d. There is another, of which we have alluded to one specimen, given in Dr. Jackson's notes of a case treated by Dr. Hayward. The bleeding began on the third day from the removal of the cord, and, notwithstanding every effort, death occurred in twenty-four hours. In this case, there was probably an imperfect closure of the vessels from non-coagulation of the blood.

4th. The largest class of serious bleeding is like those reported by me. In these, the funis drops off, and usually nothing abnormal is observed, or, at most, only a delicate sponginess in the umbilicus. After three or four days, an oozing commences, which either increases with every application, or, perhaps, is slightly checked by astringents, &c.; but it almost always proves fatal; and the patients, before death, become perfectly blanched. In these cases, it is very common to observe an alteration in the functions and structure of the liver; the dejections being non-bilious, and, at the post-mortem examinations, disease of the hepatic structure, or of the ducts, being observed.

5th. Finally, we have the really hereditary hemorrhagic tendency. The blood, in these cases, oozes from the gums, intestines, under the skin, &c. There are few cases on record of this class in newborn children, unless we consider our own cases and the class of hemorrhage, described as our fourth species, to be such; but there are numerous examples of it among adults, in whom, however, the navel seems to have healed perfectly, soon after birth.

Prognosis.—This evidently will vary with the cause of the hemorrhage. For example, an insufficient ligature may be made stronger. A case like that of our second class, viz., an accidental tearing away of the cord, would be much more subject to remedies than either of the last three kinds, namely, an insufficient closure of the vessels; a fungus of the navel, connected, as it usually is, with disease of the liver; and finally, the hemorrhagic diathesis. The first two, under judicious treatment, will undoubtedly do well. In

the third, if the vessels can be cut down and tied up, some hope may be gained of safety. In fungus and the hemorrhagic diathesis, especially when there is any mark of hepatic disease, much less chance of recovery is afforded.

Treatment.—The treatment, of course, must vary with the class. In relation to the *first class*, viz., that in which there is bleeding from the cord, owing to its contraction and the subsequent loosening of the ligature, it may be remarked that this will rarely happen if the practitioner, at the time of labor, takes sufficient precautions. He should always, before leaving the room, examine the cord a second, and, if need be, a third time; and, if it has been large, and seems disposed to contract, so as to allow of any oozing, a new ligature should be applied.

In the *second class*, where injury is produced by the violent removal of the cord, use should be made of caustic; or, still better, of plaster of Paris poured in a liquid state on the part, so that a plug will be formed, on its becoming hard, in all the minutest crevices, and even in the mouths of the bleeding vessel. This should be retained for three or four days, and success will probably be the result.

In the *third class*, it will be difficult to decide whether the bleeding is owing to the open mouths of deep-seated vessels, or to an original hemorrhagic tendency. If, however, there be no hereditary tendency, and if there be no marks of hepatic lesion, we may use styptics of various kinds: tannin, collodion, sulphate of zinc, sulphate of copper, and caustics. The best treatment, however, would undoubtedly be that advised by Dr. Radford, of Dublin, namely, to cut down and tie up the bleeding mouths. In order to do this, we should endeavor to decide from which the hemorrhage proceeds, in order to prevent the necessity of too much cutting.

In the *fourth class*, where hemorrhage from the umbilicus, without evident cause, takes place, which can be only partially restrained by astringents, and in which there is a hepatic lesion, I believe that very little hope may be anticipated of affording relief. At times, however, a slight oozing may continue for months, and the patient finally get well. But this is uncommon. In our cases, all astringents and caustic compresses seemed rather to stimulate than diminish the hemorrhage. Even the plaster of Paris, and ligature, and actual cautery, are of no avail. The oozing, checked for awhile, returns until death. Some have advised internal remedies in these cases, with the idea of correcting the fluidity of the blood. For that purpose, I used sulph. soda, as recommended in the *British and Foreign Medical Review*, ix. 247. If, however, Simon's view is correct, that icteric blood, while it possesses less fibrin, has more salts and albumen, than usual, we should not use sulphate of soda in cases where icterus is found. Transfusion has been suggested; and I regret that it was not tried in our cases: but the older surgeons had no faith in the remedy, and the younger preferred not to use it. To me it seemed the only means left for preserving life.

In the *fifth class*, where there is a natural predisposition to hem-

orrhage, what can be done? If the same applications may be made to the child as those made to the adult, the actual cautery is undoubtedly the best styptic. The late Dr. Hale, of this city, used to relate to me the case of a man who always carried a nail in his pocket, in order that he might cauterize any part of his body that was bleeding. But our cases prove but little in favor of this method. The cautery did not, in fact, check the hemorrhage one hour. Transfusion I should have less faith in than in the previous case. A question arises, whether the mother should nurse the child. I think not; still, when we bear in mind the fact that, in many cases, the hemorrhagic tendency does not show itself in the mother, but in the grandparents, we can hope but little from a strange nurse.

Phosphate of Ammonia in Rheumatism.—This remedy was fairly tried by Dr. Pepper, in the spring of 1846. It was given in doses of from ten to thirty grains in acute and subacute rheumatic cases. It was not found to justify the theory of Dr. Buckler, of Baltimore, who believed it to have specific powers, by a chemical agency; but patients recovered under it, though not rapidly, so as to convince me that it might prove a useful adjuvant, and sometimes a substitute for colchicum. Its alkaline composition and laxative action are sufficient to account for this. In 1847 one case at least occurred in which its use was followed by recovery, where the attack had resisted other plans of treatment. In some patients diarrhœa, and in other nausea was produced; but generally it seemed a mild remedy. The vehicle preferred was aq. cinnamon.

The curative power of colchicum was found to be far from infallible. In some, aided by depletion, its effect was immediate; others were scarcely improved while taking it for weeks.—*Amer. Jour. Med. Sciences.*

Microscopical Anatomy of Cholera.—The following is the substance of a report recently made by a committee appointed by the college of physicians of Philadelphia. The committee say, that the ordinary autoptical examinations, heretofore practised, have failed to yield any satisfactory information, and are nearly useless for the purposes of science. Extensive structural lesions may exist, that cannot be seen, or very imperfectly discerned by the unaided sight, and without proper preparation. It was determined by the committee that the intestines, before being submitted to examination, should be finely injected, and subsequently inspected with the microscope. This task was undertaken for the committee, by Dr. John Neill, demonstrator of anatomy in the University of Pennsylvania.

The injections were made with turpentine colored with vermilion. It was found by Doctor Neill, that when he employed size, it did not penetrate well, and numbers of capillaries were not filled; the same result occurred when Canada Balsam was used. It led, at first, to the supposition that the capillaries were destroyed by the disease. The method last adopted, shows the perfect integrity of the capillaries.

A healthy intestine, taken from a subject who had died of pleurisy, was first injected as a standard of comparison. The committee, confining themselves strictly to the single object for which they were appointed, report the following facts as the result of their investigation :

1st. In the recent subject, the peritoneal coat, like all the serous membranes, was in all, remarkably dry. The lubricating serosity is deficient in the serous membranes.

2d. The epithelial layer of the intestinal mucous membrane, was in all the specimens, either entirely removed, or was detached, adhering loosely as a pulpy layer, mixed with mucus, or an albuminoid substance.

3d. *Peyerian Glands*.—Peyer's glands were developed, to a greater or less extent, in all the cases examined.

4th. *Solitary Glands*.—These were also developed, and contained, in the recent subject, a minute quantity of white substance. These enlarged solitary glands have the appearances designated by Serres, and Nonat, as psorenterie.

The villi covering the glands of Peyer, and the solitary glands, present the same appearances as in other parts of the same intestine.

5th. *Villi*.—They are denuded of the epithelial covering, but are unchanged in other respects.

6th. *Capillary Vessels*.—These are entire, and manifest no departure from their normal state. The appearances of the capillaries of a Cholera intestine, are identical with those of the healthy mucous membrane when the epithelium has been removed. In the natural state, the epithelium, from its thickness, conceals the injected capillaries. In no instance was a vesicular eruption observed. In some specimens there was an appearance that might have been mistaken for it, but it was an emphysematous state, resulting from commencing putrefaction.

The foregoing facts are derived from the examination of twenty-five subjects.

Treatment of Intermittent Fever, with Oil of Turpentine. By Dr. N. WARD, Burlington, Vermont.—While in Ceylon, I treated many cases of fever and ague most satisfactorily, with a mixture of oil of turpentine and castor oil, in the proportion of one to two drachms of the former to one ounce of the latter, and administered in a mildly cathartic dose at the beginning of every cold stage. Where relief was not promptly obtained, there were generally present signs of biliary derangement, indicating the moderate use of calomel or calomel and ipecac., after which a dose or two of the mixture usually completed the cure. This was used in cases of long standing, as well as in recent ones ; and in one case of enlarged spleen with good effect.—*Ib.*

On the means of distinguishing Mucus from Pus. By Prof. LAWSON.—It might be inferred that the microscope would reveal infallible signs by which mucus could be distinguished from pus ; but,

unfortunately, there are great difficulties in the way. The fact is, the microscopic appearances of the mucous and pus corpuscles are so nearly identical, that the best observers have failed to make out any positive and invariable difference; the different classes of corpuscles are about the same in size, and present the same granular aspect. These are the conclusions to which most observers have arrived; my own observations, however, have led to slightly different results. Pus corpuscles are, generally, regular in their outline, circular in form, and completely granular, with more or less nuclei; mucus corpuscles are less regular in form, and not so constantly globular; but what is of still more importance, they are almost invariably intermingled with epithelium cells, which are quite irregular in form. My impression also is that mucous corpuscles are less distinctly granular than those formed in pus. Upon the whole, therefore, a mass under the microscope exhibiting the irregularities referred to, is more likely to be mucus than pus. Both contain numerous small granules.

When pus exists pure, (that is, unmixed with mucus,) we have no difficulty in recognizing it; for then its corpuscles subside to the bottom, while the liquor puris remains separate. This liquid is transparent, or of a pale yellow color, and coagulates on the application of heat. But when pus comes from the pulmonary organs, it is so seldom found unmixed, that these characters of healthy pus are no longer applicable.

Another test which is proper to mention, was proposed (I believe by Dr. Young), for the purpose of distinguishing pus from mucus. It is stated that if a drop of purulent liquid be placed between two slips of plate-glass, and then brought between the eye and a distant candle, the corpuscles cause a peculiar refraction of light, by which a most brilliant display of the prismatic colors may be seen. But, unfortunately for this test, blood and mucous corpuscles are capable of producing the same result. So far as I observed, however, the result itself is by no means constant.

Finally, the characters upon which we may with the greatest certainty rely, are the *density* and *tenacity* of the sputa. If they sink in water and are not remarkably tough, there is good reason to believe that the fluid contains pus. We should always remember, however, that small portions of pus mixed with large quantities of mucus, could not be detected by these tests.—*Western Lancet*.

MISCELLANEA.

Course of Lectures at Bellevue Hospital.—By reference to the advertisement sheet of this number, our readers will perceive that a spring and summer course of lectures will be commenced, by the medical corps of this institution, on the first of April next, and continued through July. There will be one lecture a day on Tuesday, Wednesday, Thursday, and Friday of each week. The lectures, we are pleased to learn, will not interfere in the least with the very instructive and interesting course of clinical lectures now being delivered on Mondays and Saturdays, and which course will be continued on the

same days as heretofore announced. The advantages of this hospital for clinical instruction and observation are, to say the least, not surpassed by any institution in the country.

Cantharadine Plaster, or Blistering Tissue.—Some months since we received from Mr. G. D. Phelps, of this city, samples of this truly valuable article, for the express purpose of using it in our practice. From the trial which we have given it, we are satisfied that it presents no ordinary claims to the attention of the profession. It presents peculiar claims to our notice in the inflammatory diseases of females and children, in whom the unpleasant consequences which so often follow the application of the Emp. Cantharides are most apt to occur. We have found it a reliable, and, in this class of subjects, a peculiarly safe vesicant, and one which deserves the attention of the profession. Accompanying this article is a very simple and neat dressing tissue, which is intended as a substitute for the ordinary dressings of blisters. A full notice of these and several other articles may be found in the advertising sheet of this and the last numbers.

New-York Academy of Medicine.—At the annual meeting of the Academy, held on the 2d of January last, the following officers were elected for the ensuing year: ISAAC WOOD, M.D., Pres.; GALEN CARTER, M.D., JAMES C. BLISS, M.D., A. C. POST, M.D., and JOSEPH M. SMITH, M.D., Vice Pres.; JOHN G. ADAMS, M.D., Rec. Sec.; JACKSON BOLTON, M.D., Ass. Sec.; W. C. ROBERTS, M.D., Dom. Cor. Sec.; E. S. BEADLE, M.D., For. Cor. Sec.; JAMES O. POND, M.D., Treas.; and THOMAS F. COOK, M.D., Lib.

OBITUARY.

WOODWARD, SAMUEL B., M.D. At Northampton, on the 4th of January last, aged 63 years. He was for a long time the worthy superintendent of the Asylum for the Insane at Worcester, Massachusetts. The immediate cause of death, we learn, was the rupture of a small aneurismal sac upon the aorta, at the point where it passes through the diaphragm.

BROOKE, JOHN F., M.D. At Macao, on the 17th of October last. He was fleet surgeon of the United States squadron in the East Indies. He had been attached to the service twenty-five years.

CULLEN, JOHN, M.D. At Richmond, Virginia, in January last. He was distinguished for his high professional and intellectual attainments, and was formerly one of the faculty of medicine in (we believe) the Hampden Sidney Medical College.

TAFT, MARCUS L., M.D. At Quarantine Hospital, Long Island, on the 8th of February, of typhus fever, aged 29 years. He was one of the assistant physicians of the Marine Hospital. To those who were most intimately acquainted with his moral and intellectual worth and professional acquirements, it will not be difficult to understand that in his premature death the profession has lost one of the most promising of its younger members.

THE NEW-YORK JOURNAL OF MEDICINE.

FOR MAY, 1850.

PART FIRST.

ORIGINAL COMMUNICATIONS.

ART. I.—*Case of Reducible Dislocation of the Shoulder, followed by Fracture of the Neck of the Humerus, Dislocation of the Head under the Subscapularis Muscle, and the formation of an Artificial Joint, &c.* By JAMES R. WOOD, M. D., one of the Surgeons of Bellevue Hospital, etc., etc. (With an engraved illustration.)

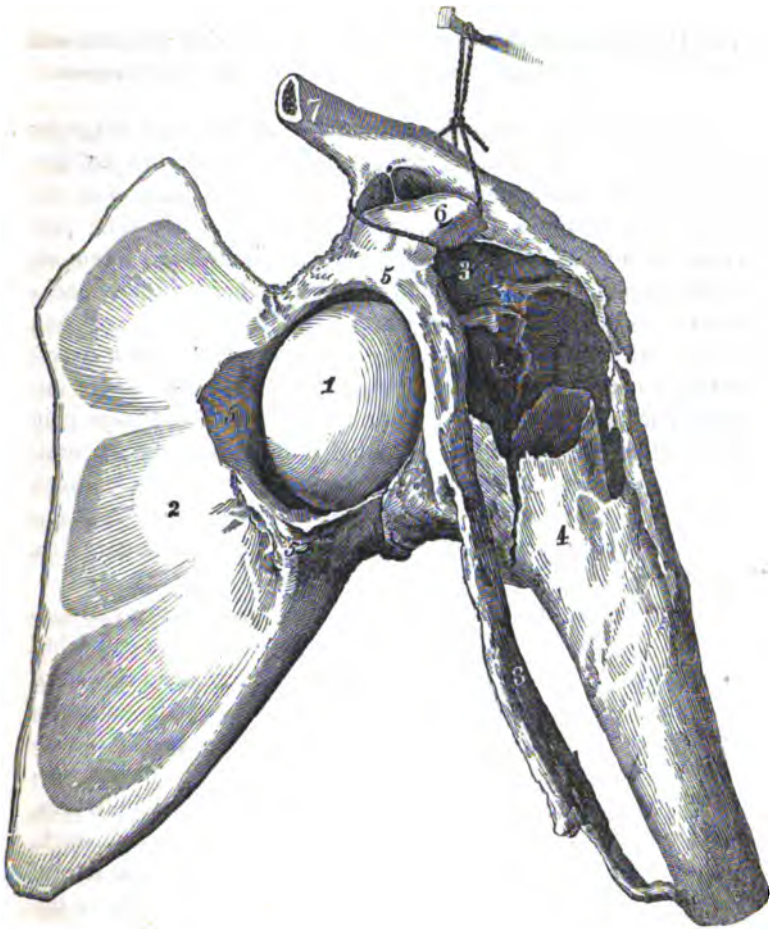
JOHN JONES, aged fifty, a native of New-York, by vocation a teacher, of intemperate habits, was admitted into Bellevue Hospital, December 27, 1847, for injury of shoulder. The following is the best history that could be gathered from the patient. About three years ago he dislocated his shoulder; it was then reduced with facility by a physician; but during the next two years it was repeatedly dislocated, and eventually, he was able to put it in and out himself without difficulty.

About one year since he fell upon the shoulder, injuring it severely, causing great pain and inflammation about it, which lasted two or three months, and after that there was preternatural mobility of the arm, though but little inconvenience in using it. On the day before he was admitted, he fell and hurt the shoulder again.

An examination of the patient showed the rotundity of the shoulder lost, though by pressing up the arm it was restored. The limb could be moved with unnatural facility in every direction, and the motion was accompanied with crepitation. By placing the finger in the axilla, a hard body could be felt; but much smaller than the head of the humerus. There were some of the signs of fracture of the cervix scapulæ, such as falling of the shoulder, &c.

On the second day after his admission he was attacked with delirium tremens, and on the next day, with erysipelas of the head and face. The delirium increased, and the erysipelas extended to the thorax and shoulder; and on the 3d of January, 1848, he died.

Autopsy, sixteen hours after death.—An incision through the deltoid into the joint, gave exit to a large quantity of unhealthy pus. A comminuted fracture of the superior extremity of the humerus was next discovered; one of the ends was rounded and smooth, as if it had been covered with cartilage; but this, as well as the other comminuted parts, was denuded of periosteum. The glenoid cavity was covered with cartilage, and the head of the bone was found lodged in an artificial cavity on the venter of the scapula; beneath the subscapularis muscle, that portion of it next to the scapula, was flat and smooth; it was diminished very much in size, and had evidently occupied its new position a long time. It was supposed, that at the receipt of the injury, a year before, the fracture was produced at the neck of the humerus, and that at the same time the head of the bone was thrown into the place in which it was found; and that also the upper end of the shaft of the humerus, being covered with cartilage, had occupied the glenoid cavity of the scapula, thus forming a tolerably useful joint.

**EXPLANATIONS.**

- 1 Head of the humerus on the venter of the Scapula, under the Subscapularis muscle.
- 2 Venter of the Scapula.
- 3 Glenoid cavity of the Scapula covered with cartilage.
- 4 Superior portion of the humerus.
- 555 Portions of the Subscapularis muscle surrounding the head of the humerus.
- 6 Coracoid process of the Scapula.
- 7 Acromion end of the Clavicle.
- 8 Coraco-brachialis and short head of the biceps muscle.

ART. II.—*Report of Cases occurring in the New-York Hospital, with Remarks.* By FREDERICK D. LENTE, M. D., Resident Surgeon.

Dislocation of the 5th Cervical Vertebra, and singular anomaly in the Cervical Vertebrae.—Patrick Russell, 28, Ireland, laborer, was admitted to the first surgical division of the New-York Hospital, January 4th, 1850. A short time previous to admission, patient fell into an area, head foremost, striking upon his forehead, and bending his head forcibly backwards; in other words, extending it upon the trunk. When first admitted, had some power of motion in the lower extremities, but they soon became completely paralyzed, except imperfect sensation in the left thigh. Complained of severe pain in the lower part of the neck, and of some pain in the extremities. Sensation and motion in upper extremities not much impaired. Paralysis of bladder and rectum. Respiration entirely diaphragmatic, and difficult. Mind clear. January 7th, 9 o'clock, P. M., died.

Autopsy, seventeen hours after death.—Found unusual mobility in the lower part of the cervical portion of the spine, but no crepitus. Removed the cervical vertebrae from the third to the last inclusive, in order to ascertain the precise nature of the injury. Upon clearing the bones of the soft parts, the injury was found to be a pure dislocation of the 5th cervical vertebra from the one next below. The luxation is backwards, the intervertebral fibro-cartilage being completely torn through, without being separated from either vertebra. The lateral laminae of the body of the sixth, which inclose the body of the fifth, are not at all injured. The articular processes are dislocated without fracture, and without much displacement; the latter being prevented, apparently, by the end of the spinous process of the fifth, coming in contact with, and resting on that of the 6th vertebra.*

* Sir Astley Cooper denied the possibility of a dislocation of the vertebrae without fracture, but there are a few well-authenticated cases of it. One very similar to the above is somewhere related by Mr. Stanley, of St. Bartholomew's; only the displacement was much greater. The dislocation was also of the fifth cervical.

Another remarkable fact in this case is the fusion of what should have been the last two cervical vertebræ into one vertebra, making only six cervical vertebræ. In the middle of the *body* of the vertebra is a transverse line, resembling the line of junction of the manubrium with the body of the sternum in an adult bone, there being, however, a mere rudiment of intervertebral substance, about a line in length in the centre. The lower part of the body is much expanded, especially in front, caused by the deposition of compact osseous matter, entirely different from the structure of the bodies of the vertebræ, being white, like the intervertebral substance, and as hard as the compact tissue of the cylindrical bones. The *spinous process* is single, presenting a uniform, smooth surface on the right side, but the line of junction of the two is distinctly marked on the left by a shallow furrow. There are four *articular processes*; two above, joining it with the fifth cervical, and two below, joining it with the first dorsal vertebra; there being no vestiges or rudiments of any other articular processes. The space between the two of either side being precisely like that of any other cervical vertebra, except in its being nearly double the extent, which makes the body about double the height of any other cervical vertebra. There are four *transverse processes*, but the two of either side are in close contact, and joined together by bony union.

From a close examination of the specimen, it is evident that the anomaly is congenital, and not the result of post parital change.

In the January number of the *Medico-Chirurgical Review*, and referred to in the March number of this *Journal*, is a case of supernumerary cervical vertebra, said to be the "only one in the annals of medicine." In this case, according to the reporter, M. Dubreuil, it was the sixth cervical that was doubled.

Anatomical Anomalies.

Patrick Carrigan, a native of Ireland, admitted into No. 1, north building, with diarrhœa, presented the following curious anatomical anomalies. In both upper extremities, the *brachial* and *radial* arteries are superficial, being only covered by the in-

tegument, and looking much like distended superficial veins. The bifurcation of the brachial into the radial and ulnar, is at the usual situation. The *ulnar* dips under the superficial flexors and pronator of the fore-arm, as usual; while the *radial*, following its ordinary direction, is superficial; being, like the brachial, only covered by the common integument. In the left upper extremity, there appears to be a total absence of the *biceps flexor cubiti* muscle; there being only the brachialis anticus, which occupies its usual situation, and is not unusually developed, between the integument and bone. Flexion of the fore-arm upon the arm is performed mainly by the *supinator longus* and the *extensor carpi radialis* muscles. When he attempts to flex the fore-arm, with a heavy weight in the hand, the former muscle appears like a tense cord stretched from the commencement of its origin in the arm, to the middle of the fore-arm, there being no angle at the elbow in front. The tendon of the left *brachialis anticus* appears to be inserted lower down on the ulna than usual, and, of course, to assist more in flexion of the fore-arm. In the right arm, the biceps exists of its usual size. In both extremities, when the fore-arm is extended upon the arm, they form a continuous line with each other; there being no external lateral angle at the elbow joint, as there should be in a well-conformed extremity. No arterial or muscular anomalies are discoverable in the lower extremities.

Anomalies in the muscular system are comparatively uncommon, and when met with, are usually "confined to their *symmetrical* absence." The above case presents an exception to this rule. A case is related as one of great rarity, by Mr. Lucas, lecturer on anatomy in London, in which one *palmaris longus* was absent, and one present; one *pyramidalis*, (which by the by is not very uncommon,) and one *psoas parvus*.

*Fracture at the Symphysis Pubis; Rupture of the Bladder—
with ability to pass urine.*

Lewis Grey, 18, New-York, a fireman on the Harlaem Railroad, was admitted into ward 7, December 18th, 1849. About twelve hours previous to admission, while patient was

engaged in his occupation as fireman on the locomotive, the axle of the latter gave way, and the adjacent passenger car was thrown violently upon it, precipitating both through a bridge into the water. Patient was caught between the two, across the pelvis. It was necessary to pry the vehicles apart, before he could be extricated. Patient upon admission was in a state of considerable prostration—surface cool, and pale—pulse languid. Complained of severe pain across the pelvis, and over the bladder, aggravated by the slightest pressure. Blood appears to be extravasated from the pubes, up the right side of the abdomen, toward the crest of the ilium. There is also some fulness in the perineum. Has passed no urine since the accident; states that the bladder was distended with urine at the time of the accident. Upon passing a catheter into the bladder, a very small quantity of urine, mixed with blood, was drawn off. Besides the injury to the pelvis and its organs, there are contusions and lacerations of minor importance about the body.

Treatment.—Fomentations to the lower part of abdomen; wine and water. Placed right lower extremity upon the double inclined plane, to relax the muscles running from the pelvis to the thigh and leg, with much relief to patient.

December 19th. There has been some re-action; mind wanders, but is perfectly rational when addressed. Passes his urine without difficulty, and with sufficient force to throw it two feet from the meatus; the quantity passed, is, however, less than natural. Stomach irritable.

December 20th, at 1 P. M., died.

Autopsy, three hours after death.—There was extensive extravasation of blood within the wall of the abdomen on the right side, also around the posterior part of the urethra. Upon cutting into the cavity of the abdomen, a yellowish fluid, looking like serum, gushed out—the cavity being distended with it—it had no perceptible urinous odor. Upon passing the finger into the pelvis, it at once entered a laceration of the bladder at the fundus, which was large enough to admit the thumb. The bladder was contracted to about one-third its normal size, and its walls much thickened, but showing no signs of previous disease.

Upon examining the pelvis, a separation at the symphysis was discovered, there being no fracture of the bones, the connecting cartilage being torn off from the right os pubis. The right side was also thrown back about half an inch from the left, and there was sufficient separation between them to admit the end of the index finger. No signs of peritoneal inflammation. Abdominal organs, save the bladder, all healthy.

The interesting feature in the above case, is the fact of the patient's ability to pass his water, with so extensive a rupture of the bladder. It did not occur to me at the time of the autopsy, to have the fluid contained in the cavity of the abdomen analyzed, which I now regret. It is very probable that urine was effused into the abdomen, since that passed through the natural passage was comparatively small in quantity. It is reasonable to suppose, on the other hand, that but a small quantity was secreted. If urine were effused into the cavity of the peritoneum, we might have looked for some signs of inflammation in that membrane, though this might have been prevented by the condition of the nervous system, consequent upon so serious an injury.

Case 2d.—A case is related in the London Lancet, vol. 2, 1841-2, very similar to the above, and I therefore take the liberty of introducing it here in an abridged form.

The subject of the injury was a "spinner, aged thirty-one, who received a kick, blow, or fall, in an alehouse brawl, on March 19th, 1842. According to his own account, he was sobered by the accident, and walked home, a distance of a quarter of a mile. He suffered the greatest possible agony, and was compelled to walk in a stooping posture. His medical attendant found him in a state of intoxication, and complaining of severe pain across the lower part of the abdomen, accompanied with a desire, but inability to void his urine. Said he had received several kicks on the region of the bladder, and that these had been succeeded by a feeling of cold. Passed the catheter, and drew off about twelve ounces of bloody urine. The next day, felt a desire to pass his water. On introducing the catheter, about a cupful of urine was voided, which deposited a black sediment. March 22d. Last night patient made

water several times *in a stream*—pain easier, abdomen softer. March 23d. Patient continues to pass his water without assistance. There were some symptoms of peritonitis, which have declined. Patient continued to sink until half past one o'clock, when he expired.

"Autopsy, twenty-four hours after death.—No bruise or wound visible externally, save a slight scratch on the left temple. On turning back the integuments of the chest and abdomen, not the slightest ecchymosis could be detected.

Abdomen.—The viscera appeared tolerably healthy. There was some effusion into the cavity of the abdomen, though the liquid did not emit a urinous odor—(the fluid was not chemically tested).

"With respect to the bladder, a rupture more than an inch in length, and in a semi-lunar direction, became manifest on its superior and somewhat posterior surface. The edges of the wound were valvular, and sloped outwards, so that any water which might be in the cavity, would probably operate in closing the wound. All the other viscera of the body healthy."

Remarks by the reporter of the case, Mr. Hiley. "The preceding case is remarkable for two reasons, viz.: for the absence of peritonitic signs after death, and for the power of voiding the urine during life. The first fact may be accounted for by considering that the escape of urine may have been prevented or retarded by the valvular shape of the rupture, and by the active treatment which was adopted; and the last by the form of the wound, which, by retaining the water within the bladder, would seem to have occasioned the proper action of that viscus. The most wonderful circumstance in connection with the case, appears to be the length of time (three days and a half) which the patient lived under so severe an inflection."

In this case, the ability to pass water is accounted for by the valvular form of the wound. In Grey's case, the opening was direct, nor was the mucous membrane found everted after death, though it may have aided in plugging up the opening during life. As to the length of time elapsing between the receipt of the injury and death—in a case reported by

Dupuytren, the patient died on the fifth day ; and in a number of cases reported by Dr. Harrison, in the Dublin Journal, the fatal termination was "from five to eight days from the receipt of the injury." The above case, related by Mr. Hiley, became interesting, also, in a medico-legal view, as upon the day of trial of the person who inflicted the injury, it was a question whether death was caused immediately by the rupture, since no urine was shown to have escaped into the abdomen, and the bladder was able to perform its function well. In giving evidence before the coroner in the case of Grey, we thought ourself justified in saying, in general terms, that death was caused by the rupture of the bladder. In a remarkable case of rupture of the bladder, which occurred in the Hotel Dieu, M. Dupuytren gave, as his opinion, "that death was caused by indigestion, consequent on the greedy and gluttonous appetite of the patient, rather than by the rupture of the bladder, and the extravasation of urine, since a "pouch" had been formed by nature "behind the bladder," which contained the extravasated urine, and would have prevented its mischievous effects.

A death occurred in the Hospital yesterday, March 23d, from rupture of the *bladder*, caused by a stone weighing 400 pounds, falling upon patient's abdomen from a height of three feet. Lived two days. Rupture at the posterior part of superior fundus. From the cases of this accident, which have been published from various sources, this appears to be uniformly the seat of the laceration, whether it be produced by direct or indirect violence.

Post Mortem appearance of Air beneath the Dura Mater.
—*Case 1st.*—In August, 1849, the following case was admitted to the 2d Surgical Division of the New-York Hospital. J—— L——, aged 36, a native of Scotland, and a clerk, with a lacerated wound of the scalp, about an inch and a half in length, situated over the lower part of the occiput, on the right side. The bone is exposed only to a very small extent. While descending the steps of the Astor House, patient fell, and struck upon the back of the head. He was able to rise, and was brought to the Hospital soon after. Upon admission, patient was found to be laboring under unequivocal symptoms

of delirium tremens, having been on a drunken frolic for some time. Was able to answer questions rationally. Is much depressed in spirits, in consequence of his dissipated habits, and his lack of ability to abandon them. Pulse accelerated and rather feeble. Tongue furred. Bowels confined. Complains of some headache. August 26th. Patient has been going on pretty well since admission. Symptoms of delirium tremens are, however, rather on the increase, coming on principally at night. During the day, is allowed to walk about the house and yard. Complains of no headache; wound of scalp is healing. Was reading a light novel the greater part of yesterday, to divert his thoughts from his condition, as he said. There has been no action on the bowels, though several cathartics and enemata have been administered. Takes stimulants moderately, and anodynes freely at night. Pulse frequent and feeble. Ordered Hyd. sub. mur. gr. xv., to be followed by Mist. eccoprot. $\mathfrak{z}$ iv. 7 o'clock, P. M. Patient has been about the same as yesterday through the day; has been reading and walking about; medicine has acted well. Delirium is now increasing; fancies himself pursued by enemies, and requires constant watching. Complains of no pain about the head. 9 o'clock. Patient very violent, and requires to be confined to his bed with straps. August 27th. Patient took Tr. opii $\mathfrak{z}$ j at $9\frac{1}{2}$ o'clock, which produced no effect. Could not be induced to take another dose: made violent and fruitless struggles to free himself, which seemed to exhaust him. At $10\frac{1}{2}$ o'clock, administered sulph. ether $\mathfrak{z}$ is. by inhalation, which produced complete insensibility; took advantage of this to throw up the rectum tinct. opii $\mathfrak{z}$ s in mucilage, which was retained. Patient remained quiet for a short time after the effects of the anesthetic passed off, and then renewed his cries and struggles. It was, however, deemed imprudent to free him from restraint, being entirely unmanageable without it. At 6 o'clock this A. M., found patient still furious, and crying out against imaginary enemies. Skin cold and pale, pulse scarcely perceptible at the wrist. Countenance pale and anxious; eyes staring; pupils natural. Closes his teeth obstinately against any attempt to administer stimulants or nourishment. 8 o'clock A. M., died.

Autopsy, five hours after death.—Examined the skull and encephalon. While tearing off the calvarium, by means of the fingers introduced on either side into the fissure made by the saw, a jet of air, mixed with fluid, was felt against the hand; the fluid (transparent serum) was thrown in drops two feet upon the floor. Upon removing the calvarium, the dura mater was seen puffed up with air, and thus elevated about three-fourths of an inch above the surface of the brain, at the summit; less so at other points. Upon puncturing this membrane on the left side of the longitudinal sinus, this portion immediately collapsed, the air rushing out. Upon repeating this on the right side, the same thing occurred. Under the dura mater, the visceral layer of the arachnoid was seen natural in appearance, and covering a pretty thick layer of serous effusion; the vessels of the pia mater were much congested. The substance of the brain was so much softened, that the greatest care was requisite in removing it, lest it should be torn. At the base of the brain was found about $\frac{1}{2}$ of bloody serum. In the centre of the right occipital fossa, and external to the dura mater, was a small clot of blood, corresponding in situation with the external wound. Upon removing the dura mater from the base of the skull, a fracture was discovered, extending longitudinally across the right occipital fossa, from the groove for the lateral sinus, to the middle of the foramen magnum on the right side. No displacement. The skull was unusually thin. Upon examining the brain, it was found softened, especially the cerebellum, but no marks of recent inflammation. The lateral ventricles were distended with serum; all the veins of the brain were in a state of congestion.

Case 2d.—In the second volume of the London Lancet for 1845, the following case is related by Dr. Haworth. An individual was injured by several tons of earth falling upon him from a height of fourteen or fifteen feet while he was in a stooping position. He was quite insensible, complaining chiefly of his back; blood flowed freely from the nose and right ear. He died about an hour after receiving the injury.

Autopsy.—Forehead exhibited marks of violence; scalp easily separated over that region, there being effused blood;

skull moderately thick. The calvarium being removed, underneath the dura mater was found a quantity of air, amounting to four or five cubic inches, extending over at least the anterior third of the surface of the brain, and disappearing on *steady pressure* with both hands. On removing the brain it exhibited no laceration; its structure was healthy; the anterior lobes appeared to be compressed at the base; fluid blood was effused beneath the dura mater, over the cerebellum and posterior lobes of the cerebrum, inferiorly, extending into the fissures; sero-sanguineous fluid in the ventricles; anterior surface of cerebrum pale as far as the air extended. A rent appears in the dura mater over the sphenoid bone in front of the sella turcica [allowing the air to enter]. Removal of the dura mater from the base of the skull shows a fracture extending from near the external angular process on the left side of the frontal bone, through all the bones to the point on the right side of the occipital protuberance, on a level with it, and about an inch distant; the internal table being more extensively fractured; the right petrous bone fractured through twice, and the carotid canal injured; ethmoid bone fractured, and spicula loose. I may add that, when the dura mater was exposed, it was distended like a bladder, and felt elastic, so as to leave no doubt of the existence of air underneath.

Dr. Haworth thinks that the air found its way into the skull through the rent in the dura mater, and in the following manner; that a vacuum was produced between the skull and the surface of the brain by means of the concussion and the recession of the brain in consequence of its inertia, and that the air rushed in from the atmosphere to supply its place. The reviewer also thinks that the air entered from without through the rent, but that it entered after death, and in consequence of the lifting up of the dura mater from the brain while tearing off the calvarium.

We now come to the question, what was the source of the air found beneath the dura mater? In Dr. Haworth's case the fracture was sufficiently extensive to admit air easily, and in addition, there was a laceration of the dura mater at the seat of fracture. It is reasonable then to *infer*, that air was

so admitted, whether in the manner supposed by the reporter, or by the reviewer, we do not pretend to say. We have incorporated an abstract of the case into the present paper, because it is the only one with which we are acquainted which is similar to the one we have related. In the former case, the fracture was a mere fissure, and there was *no laceration of the dura mater* corresponding with it. The *calvarium* was carefully raised by the fingers; upon a slight elevation the jet of air was felt, which shows clearly that the air could not have been rushing in at this opening during the formation of a vacuum beneath the *dura mater*, within five hours after death, after lying in a cool room with the thermometer in the open air at 75°. It was probably then the product of secretion, and may have existed only during the last hours of life. We can find no mention of a similar condition in any of the works on pathological anatomy to which we have had access. Gross says that he has never seen it, but states that "cases of emphysematous tumors, supposed to have been caused by a secretion of air, have been noticed by Portal, Laennec, Gendrin, and other pathologists, in the cellular tissue beneath the arachnoid, and the surface of the brain, and in the lateral ventricles.

This air was undoubtedly within the cavity of the arachnoid membrane, and we think secreted by it. We know that the serous membranes, as well as other tissues, do occasionally secrete air; why not, then, the arachnoid, as well as the pleura or peritoneum? A case is related in the *Lancet*, vol. 1, 1840-41, in which the *pericardium* was found, upon *post mortem* examination, twenty hours after death, distended with air. "This," says the reporter, "when allowed to escape, was inodorous, and was only remarkable in being present as a post mortem phenomenon, whilst no other sign of putrefaction was manifest."

ART. III.—*Observations on the Treatment of lacerated and contused wounds in parts likely to be followed by Tetanus, illustrated by cases.* By JOHN O'REILLY, M. D., Licentiate and Fellow of the Royal College of Surgeons, Ireland; late Medical Officer to the Oldcastle Workhouse and Fever Hospital, in Ireland.

THE most celebrated Surgeons who have written essays on the subject of Tetanus, have particularized the treatment consonant with their ideas of its nature, after it has seized on the patient. The fatal results of traumatic Tetanus prove that up to the present period there is no specific or certain plan of averting its evil consequences. Now, it must be most desirable to anticipate and ward off this fearful and dreadful malady, by adopting such a system of local and constitutional treatment as will be calculated to guarantee such a fortunate consummation. The late eminent and justly distinguished surgeon, Mr. Colles, who was for upwards of thirty years, lecturer on Surgery, at the Royal College of Surgeons, in Ireland, used to say in his lectures, "that there was no application for wounds, in which he placed so much confidence, as spirits of turpentine, when Tetanus was to be apprehended." I am not aware that his valuable suggestion has been acted upon by any one up to the present time but myself, and am, therefore, actuated to give the cases where I tested the efficacy of the hint thrown out by the learned Professor, whose idea on the matter was original, as it had reference to the disease with regard to its prevention, which is a different thing to its applicability after the occurrence of the disease. I must observe, that I have made what I deem an improvement on Mr. Colles's advice, by putting the patient under the influence of mercury combined with opium, as soon as possible after the injury.

The reason for giving the mercury is to prevent, or arrest, morbid action, whilst the administration of opium is required to tranquillize the system. How the turpentine acts is a subject which may admit of controversy. It appears to exercise a specific influence on the nerves, and by its action destroys or prevents nervous irritability. That it has a

sedative influence, cannot be doubted, from the fact of the patients expressing themselves relieved, a pungent sensation being only complained of. The wounds become clear under its influence, and resemble muscle after being slightly macerated. In fact it seems to keep the neighboring parts in the same state as if no injury was inflicted, there being very little inflammatory action, no signs of gangrene, erysipelas, or hemorrhage. I will now submit the cases.

Case 1st.—Rev. William Fanelly, aged twenty-four years, residing at Clondiliver, county Westmeath, whilst amusing himself firing at a target in company with two other gentlemen, on the 20th of August, 1848, the gun exploded, fearfully wounding his left hand. On examination about three hours after the occurrence, the following appearances presented themselves: a lacerated and contused wound of an elliptical form on the palmar aspect of the hand—the superior cornu corresponded to the radiocarpal articulation, about half an inch to the ulnar side of the styloid process of the radius—the inferior terminated midway in the interosseous space between the second and third metacarpal bones, the convexity looked towards the internal side of the carpus. The soft parts, to use a familiar phrase, were literally ploughed up, whilst the os magnum was found to project about the eighth of an inch on the dorsum of the carpus. Another wound, of a similar kind, was found to extend about half an inch above the pisiform bone, towards the metacarpo-phalangeal articulation of the little finger—half of the first and the entire of the middle and last phalanges of the little finger were completely denuded of the soft parts, the bones only remaining—a transverse wound on the ring finger corresponded to the sulcus which separates it from the palm of the hand. The case appeared to be one which demanded amputation, but on reflection I deemed it would not be necessary until mortification set in, and, therefore, determined to watch such an event. Again I conceived if hemorrhage took place, I could take up the arteries in the fore-arm and secure them. Having come to these conclusions, I at once proceeded to amputate the little finger at the metacarpo-phalangeal articulation. Being very

apprehensive that Tetanus would supervene, I acted on the recommendation of Mr. Colles, and poured spirits of turpentine into the wounds, and afterwards applied lint saturated with it to the same. After the wounds were treated in this manner, the patient felt comfortable, and had merely a pungent sensation in the hand. I directed him to be put on low diet, to have an anodyne draught, and to take two grains of calomel with one of opium night and morning. The wounds were dressed with the turpentine up to the 25th, when equal parts of turpentine and olive oil were substituted for it. The patient at this date being under the influence of mercury, it was discontinued, and a saline aperient exhibited. On the 29th, emollient poultices were ordered to be applied. The wounds I should remark at this period presented a clean appearance, and looked like muscle slightly macerated. After a few days had elapsed healthy granulations sprung up, pus of a good character was freely secreted, and on the 15th September the poultices were changed for simple dressing, viz., caustic wash, dry lint, and oiled silk, and the parts were all cicatrized on the 2d of October. Mr. Farrelly, on his return to Maynooth College, was inspected by Mr. Ellis, professor of surgery at Dublin, who declared that if such a case came under his care, he would at once amputate the fore-arm, and expressed his astonishment at his having escaped lock-jaw. It is quite clear, the branches of the median nerve, which are distributed to the thumb, as well as the branches to the index and middle fingers, must have been greatly injured—that the branches of the ulnar nerve, which goes to supply the little finger, as well as the ulnar side of the ring finger, suffered lesion, is indisputable.

Case 2d.—Mr. Richard Govden, aged sixty years, residing at Deamor, county Meath, whilst employed removing one of the cogs in the wheel of his mill, on the 30th November, 1848, had his right hand crushed between the wheels, in consequence of the machinery being put in motion by some water falling on the wheel, which was accidentally allowed to flow from the dam. On examination of the injuries, a few hours after the accident, there were observed a transverse wound

about one inch in length on the palmar aspect of the hand, corresponding to the carpo-metacarpal articulation of the second and third metacarpal bones; a semilunar wound on the palmar aspect of the index finger—the convexity looking towards the palm of the hand, the concavity towards the articulation, between the first and second phalanx—a transverse wound on the middle finger, opposite to the first phalanx. On the dorsal aspect of the hand, a large flap wound, of a crescentic form, the convexity towards the wrist joint, one extremity pointing to the index, the other to the little finger.

The same local application, as well as constitutional treatment, were had recourse to, and the case terminated equally fortunate.

Case 3d.—Michael Reilly, aged 30 years, whilst employed at Mr. Daly's Blackwater mills, in February, 1849, in attempting to remove some straw which had got in between the wheels, had the top of the thumb, including the nail, of the right hand ground off, as well as the last phalanx of the index finger, and the half of the second phalanx. The palmar aspect of the tip of the middle finger was also lacerated. In this case the thumb was amputated at the articulation between the first and last phalanx, the index finger between the first and second phalanx. The incisions were brought together by adhesive plasters and pledgets of lint, soaked in spirits of turpentine placed over them, as well as over the wounds in the middle finger. He was directed calomel and opium on the principle already advanced. The wounds healed kindly and no bad consequences resulted.

Case 4th.—Mr. Smith, pipe fitter, aged 26 years, residing at 110 Orange-street, New-York, on the 2d of July, 1849, on coming down stairs went into his private room, holding in his left hand the brass key of the hall door, to examine an old pistol which his nephew had requested the use of for the 4th of July. Not supposing it was charged with powder, he pulled the trigger; the charge went off. The key, which he held between the thumb and fore-finger, was placed over the muzzle of the barrel, was propelled with great force, wound-

ing the thumb and striking against the stove, from which it rebounded, touching his ear in its transit, and breaking a pane of glass in the window. He soon experienced excruciating pains in the thumb, and fainted two or three times. On examination, a V-shaped wound presented itself on the palmar aspect of the thumb of the left hand, the apex corresponded to the metacarpo-phalangeal articulation, the extremities terminated at the articulation between the first and last phalanx, the wound opened the joint, and the last phalanx was fractured at a point opposite the root of the nail. The slightest movement of the parts caused the most intense agony. Having adjusted the flap without washing away the blood, pledgets of lint, saturated with turpentine, were applied to the wound, a splint of pasteboard was placed on the dorsal aspect of the thumb, extending along the metacarpal bone to the top of the thumb, and secured by a roller round the wrist and thumb. Directions were given to keep the lint continually soaked with turpentine, which was easily accomplished by sponging it with the liquid in question. An anodyne draught was now given, and the strictest quietude enjoined. Two grains of calomel combined with one of opium, were ordered to be taken night and morning. The patient was much relieved after the adjustment of the wound, and matters went on well until the 5th of July, when he complained of darting pains running up the fore-arm and arm from the wound, along the course of the median nerve. On visiting him the 6th of July, he said he had some difficulty in opening his mouth the evening before, and that he had pain in the left side of his neck. The mercurial foetor, at this period, announced he was under the influence of mercury, which was discontinued; a purgative draught was administered, and an anodyne ordered at bed time. The dressing for the first time since the accident was on this day removed. The wound was clean and free from coagulated blood; there was no attempt at union. A dressing, composed of equal parts of turpentine and olive oil, was now applied, and the parts done up as before. The patient continued to take an anodyne every night up to the 11th of July, and the wound was treated as above described. The warm dressing was now discontinued, and emollient poultices or-

dered. One of the tendons of the flexor muscles protruded through the wounds, which caused some delay in the reparative process, as it took some days to slough off. However, healthy granulations next followed, when the poultices were discontinued and the parts touched daily with a caustic wash, covered with dry lint and oiled silk. The wounded parts soon cicatrized. Mr. Smith has now the full use of his thumb.

The foregoing case is one of immense value. It is quite evident the nerves were greatly torn and contused, as well as the muscular and tendinous structures. The complication, caused by the opening of the articulation, as well as the fracture, rendered the case exceedingly perilous. I adopted the principle of Sir Astley Cooper, as nearly as I could, in rendering the case as simple as possible. It must be confessed, the premonitory symptoms of Tetanus had actually set in, and abated synchronously with the action of the mercury. I am fully convinced, had the case been treated on different principles to those relied on by me, that Mr. Smith would now be numbered among the dead. I am fully borne out in this declaration by the records of Hospitals, as well as the experience of the most enlightened surgeons. I shall make no further remarks on the case, but leave every practitioner to arrive at his own conclusions. In conclusion, I believe that every medical man is bound, as far as in him lies, to contribute to the general stock of knowledge, and no subject merits greater attention than the one under consideration, particularly in this city, where all kinds of machinery are so largely manufactured, as well as so extensively employed, both on land and water, and where wounds of the nature under discussion must inevitably occur. No greater boon, therefore, can be conferred on society, than to guard against the deadly invasion of the frightful disease commonly called lock-jaw.

ART. IV.—*A brief Historical Sketch of the Rise and Progress of Cholera to the present time, &c., &c. Being a Letter written to the Hon. C. D. Robinson, Chairman of the Standing Committee on Medical Societies and Colleges in the Senate of New-York.* By ALEXANDER F. VACHÉ, M. D., late Physician to the William-street Cholera Hospital, etc., etc.

NEW-YORK, February 23d, 1850.

SIR :—To your letter in relation to “the origin, progress, cause, and treatment of Cholera, together with what alteration or revision in existing laws, and what new sanatory regulations my experience in the late epidemics may have suggested to my mind as necessary to prevent its diffusion,” I can only make a very limited reply. To do otherwise, with so comprehensive a subject, would occupy volumes of manuscript, considerable time for research, and more labor than my professional duties will allow.

The history of Cholera, in which I shall include its progress, unequivocally traces its *origin* to Asia. It is noticed by Hippocrates, who lived several centuries before the Christian era, and by others, not many years subsequent to that event. It prevailed in London, in 1669 and in 1676, and in Paris, in 1730 and in 1780. In 1762, it is said to have destroyed in Upper Hindostan thirty thousand natives, and eight hundred Europeans, and from these dates to the present day it has been, with almost incredible fatality, one of the endemical diseases of India, clearly described by talented and unimpeachable authors.

It was not, however, until 1817, when, with other ravages throughout Hindostan, it decimated the army under the command of the Marquis of Hastings, encamped on the banks of the Indus, that it assumed a *positive* epidemical form, and commenced its fearful and irresistible *migration* to the East, the South, the West, and the North. To trace it on the Eastern Continent, from place to place, and from period to period, as recorded by different writers, would scarcely come within the space allotted to a communication like the present, and I therefore shall confine any further observation, to the invasion by it of this hemisphere, with a short detail of the course it pursued as it occasionally travelled from district to district.

The first appearance of Cholera on this continent was in Quebec, Lower Canada, on the 8th of June, 1832; it reached Montreal on the 10th; New-York on the 24th;* Albany on the 3d of July; Rochester on the 12th; Troy on the 16th; Flatbush and Gravesend, L. I., on the 15th; States Prison (Sing Sing) on the 17th; Philadelphia on the 5th; Baltimore on the 22d of August, and the City of Washington on the 28th. It also prevailed in the large towns on the river St. Lawrence, and its tributary streams. It exhibited itself at Kamarouska, La Prairie, St. John's, Buffalo, La Chine, Caughnawaga, Co-teau de Lac, Chataguay, Cornwell, St. Regis, Prescott, Ogdensburgh, Brookville, Kingston, York, Chambly, Plattsburgh, and Three Rivers. It visited Baltimore, Richmond, Norfolk, Edenton, Cincinnati, New Orleans, and various portions of the Southern States. To the East, a limited number of cases occurred in New Haven, Newport, Providence, and Boston. At Newport, it was unquestionably brought from the city of New-York.

During the time thousands were attacked. The average mortality was about fifty per cent., and the general duration of the epidemic at the various localities, between two and four months. The deaths in this city were, 3513.

In this connection, it is important to note, that the brig Carricks arrived from Europe on the 3d of June, at the Quarantine Ground, Gross Island, thirty-nine miles below Quebec, with the loss at sea of thirty-nine passengers out of one hundred and thirty-three, by a disease which subsequent events established to be the one under consideration.

The two first cases at Quebec and Montreal, were immigrants landed from the steamboat *Voyageur*, which plied between the two places, and which was employed to convey persons from emigrant vessels anchored in the river.

In 1833, the disease commenced in February, at Havana and Matanzas, and prevailed for several months, with great

* Late in June, the ship *Henry the Fourth*, arrived at quarantine, having had cholera on board; but I have not been able to obtain the particulars, owing to the register being mislaid for that year. May the disease not have been derived from that source, in lieu of the Canadas? and may it not explain the singularity of the appearance of it in New-York, previous to the intervening towns?

severity; the deaths in the former place reached upwards of ten thousand, in a population of about one hundred thousand, including in the melancholy catalogue, with other distinguished men, the American Consul, William Shaler, Esquire, and the acting Bishop, Pedro Valera Y Ximenes.

In June and August, it invaded Tampico, Campeachy, Vera Cruz, and the City of Mexico. In Central America, it attacked the army, and destroyed large numbers of the officers and men.

In the United States, at the South, it appeared at Appalachicola, and Amelia Island, on the coast of Florida. At Mobile, Wilcox county, Montgomery, Tuscaloosa, Williamsport, &c., in Alabama. At Vicksburgh, Natchez, Claiborn, Jackson, Potage des Sioux, &c., in Mississippi. At New Orleans, St. Martinsville, Thibodeauville, Franklin, Baton Rouge, Alexandria, Contrell, &c., in Louisiana, and at Brazoria, &c., in Texas.

In the Western States, it was at Helena, Little Rock, &c., in Arkansas. At Nashville, Pulaski, Memphis, Simsonville, Shelbyville, Effingham, Beach Grove, &c., in Tennessee. At Maysville, Flemingsburgh, Georgetown, Lawrenceburgh, Lexington, Lancaster, Paris, Blue Licks, Millersburg, Frankfort, Bardstown, Cynthiana, Greene county, Mount Vernon, Danville, Jacksonville, &c., in Kentucky. At Alton, Carrollton, Quincy, Rushville, Galena, &c., in Illinois. At Williamsport, Salem, &c., in Indiana. At Cincinnati, Steubenville, Bridgeport, Belmont county, Zanesville, Jackson, Gallipolis, Senecaville, Chillicothe, Richmond, Fulton, Dayton, Lebanon, Columbus, &c., in Ohio. At Alleghany, Pittsburgh, Brownsville, Claysville, &c., in Pennsylvania; and at Hagerstown, &c., in Maryland. It also appeared at Wheeling, Fredericksburg, Charleston, &c., in the northern parts of Virginia.

In 1834, it again made its first visit at Quebec and Montreal, and from thence spread to the country parishes throughout the whole course of the St. Lawrence. It prevailed severely at La Chine, Kingston, Prescott, Ogdensburgh in this State opposite Prescott, at Toronto, and amongst the villages on the north side of Lake Ontario. The village of Galt, U. C., was nearly depopulated. In Nova Scotia, it was very violent at Halifax, and extended to St. John's.

In the State of New-York, it exhibited itself in the villages on the south side of Lake Erie, at Buffalo, Rochester, Salina, Albany, Poughkeepsie, New-York, Brooklyn, L. I., Staten Island, &c. The deaths in the city of New-York were 971.

In New Jersey, it appeared at Bergen Hill and at Newark. In Pennsylvania, at Williamsport, on the line of the Schuylkill Canal, Port Carbon, Beaver, and Washington county. In Maryland, there were a few cases at Baltimore, and three or four in the District of Columbia. In Virginia, at Wheeling, Richmond, and Petersburg. In Ohio, at Cincinnati, Butler county, the Miami country, and the townships of Columbia, Anderson, and Fulton; at Huron, Lower Sandusky, and Cleaveland. In Michigan, at Detroit. In Kentucky, at Mills' Point, the mouth of Sandy River, and Princeton. In Mississippi, at Rushton. In Illinois, at Luzerne and Pekin. In Texas, at Austins' and Powers' Colonies; in the towns of Labride and Warlaugh, and as far as the river Lavacca. In Florida, it was at Amelia Island, and at Pensacola, where it was introduced by the United States ship Falmouth. In Georgia, it was at several places on the Savannah and Ogeechee rivers. It also made its appearance at St. Jago, Island of Cuba.

In 1835, in Tennessee, there were cases at Nashville, Murfreesborough, Franklin, north side of Duck River, in the vicinity of Jefferson, and at Williamsport and Memphis; in the neighborhood of Jackson, and at several towns, and on board of the boats on the Ohio and Mississippi rivers. It also continued on the Savannah and Ogeechee rivers, and prevailed to some extent on the Rio Grande.

In 1836, it was still at Havana, (I. C.,) and for the first time appeared at Charleston, S. C., between which places there was constant *commercial* intercourse. During the previous years, it had not approached the last named city, nearer than Edenton on the north, Savannah River on the south, and Folly Island, off the mouth of the harbor, where it was undeniably attributed to the brig Amelia, lost on the 31st October, 1832, bound from New-York to New-Orleans, and on board of which were cases of the disease. From the wreck, and the passengers with their effects landed from that vessel, it immediately extended to the few negroes inhabiting the island; to the men employed in saving the cargo; to the physicians and

nurses sent to attend the sick, and to the City Guard, detailed to enforce the quarantine. The mortality was extreme. It also lingered on the Mississippi, but did not assume an epidemic character.

With the epidemic of 1848 and 1849, every person is familiar. To continue, however, in chronological order the recurrence of this destructive disease, it becomes necessary to devote a page or more to the sad reminiscences of those years.

On that occasion, the first introduction of the malady was in the port of New-York, at the quarantine ground, Staten Island, by the packet ship *New-York*. She sailed from Havre, then healthy, on the 9th of November, with three hundred and eighty-five French and German steerage passengers, twenty-one cabin, and a crew of thirty men. According to the statement of the commander, Captain Lines, all hands remained well until the sixteenth day out, and the vessel was in lat. 42°, long. 61°, Sable Island bearing about 140 miles, S. S. W., when, owing to the coldness of the weather, there was a general overhauling of chests in search of warm clothing, and the first cases occurred. At the date of her arrival, Friday night, December 1st, seven of the steerage passengers had been buried at sea, and on the 2d and 3d, eleven were landed sick at the Lazaretto, and put in the hospitals on the hills. Seven of them died. The remainder, in apparent health, were ordered on shore, and were lodged in the "Public Stores," belonging to the United States. From those buildings the disease spread to the hospitals, and prevailed in both, until the 28th of the month. In that time, upwards of one hundred were attacked. The mortality was about one-half. It was alleged, and probably with truth, that several of the passengers were indirectly from Bremen, where cholera prevailed.

In April the disease re-appeared in the stores; and in May, in the hospitals. From the 18th of April to the 15th of August, there were 110 deaths. During that period, 41 persons with Cholera were received from the shipping. Several fatal cases also occurred on different parts of the Island.

In the early part of December, two cases exhibited themselves in the city. The first was an individual from quaran-

tine; the other was a person who had occupied the same room in the boarding-house. Both were fatal.

With these exceptions, the first persons taken sick in New-York, was on the 11th of May, 1849. It occurred in Orange-street, and was soon followed by six others who resided in the same premises. From that point, the disease gradually spread from ward to ward, and continued with more or less intensity until the last of September. The number of deaths was 5,161. The nearest vicinity of the pestilence was the quarantine, between which and the city there was constant intercourse by the residents of each place; and, in most instances, the well passengers from sickly vessels were permitted to disembark at the wharves with their unventilated baggage. If the infection was not ascribable to those causes, it could not be traced to any other.

In Brooklyn, L. I., it manifested itself about the 26th of May. In Williamsburgh, L. I., on the 29th. In Jamaica, L. I., on the 4th of June, and about the same period at Bergen and Newark, N. J.

It prevailed at Albany, Troy, on the line of the Erie Canal, in Chicago, and Buffalo. In Montreal the deaths were 499; in Quebec, to the 23d of August, 943, and in Toronto, to the 9th of the same month, 384.

At Boston, Mass., the bark Argyle arrived on the 4th of June, from Scotland, with Cholera on board, and cases are said to have occurred in that city from that time. From the 2d of June to the 13th of October, however, the deaths were 602. In several other cities and villages of New England the disease prevailed.

In Philadelphia eight cases were announced on the 22d of May. The number of deaths accurately reported from the 26th of May to the 22d of September, was 1022.

In Baltimore, it was reported on the 22d; in Norfolk, Va., on the 29th, and in Richmond, Va., on the 30th of May, the Legislature of which adjourned to Farquier Springs.

At New Orleans, like at Staten Island, the Cholera appeared in December, and under similar circumstances. The two first cases sent to the Charity Hospital, were from the ship Swanton from Havre, on board of which the disease

manifested itself when about two weeks from port. Thirteen bodies had been thrown overboard. Her passengers were also composed of French and Germans, and the latter were recently from their own country. From that vessel it spread to the shipping, to the river boats, and over the city. The number of deaths from the 11th of December to the 7th of February, was nearly 1200, when the Board of Health pronounced the epidemic at an end, and ceased to report.

The disease visited Vicksburg, Cincinnati, and several other places. On the 8th of January it was at Memphis, and on the 17th at St. Louis. It also appeared at Mobile, and in a severe form in Texas. At Fort Lawson, forty deaths occurred in one night amongst the troops.

Subsequently, the malady resumed its fearful strides in New Orleans and in Cincinnati, and continued for several months. It prevailed throughout the valley of the Mississippi with sad havoc on the plantations, and extended itself to Indiana and Illinois. At St. Louis its duration and violence was unsurpassed on this continent; and in Texas it raged with unabated and destructive fury.

Amongst the victims of this unrelenting foe to the human race, were the chivalrous Worth—the brave Duncan—the gallant Yates—and the veteran Gaines. Invulnerable to the balls of an enemy, when leading their victorious columns on the field of battle, they were suddenly and remorselessly stricken to the earth while receiving the plaudits of a grateful country. A nation's tears bedewed their graves!

At present it is on Ward's Island—the home for destitute invalids and sick immigrants. The proximity of that institution to the City of New-York; *the occurrence of Cholera in this country with the presence of it in Europe*, and the probability of the spread of it from those sources, demand the prompt adoption of every available means to prevent so serious a catastrophe. It has also commenced its march in Louisiana, and will doubtless again overrun the valley of the Mississippi, and the shores of the Ohio.

The cause that produces Cholera is not known. By some it is said to be atmospheric; by others, meteoric; telluric—electric—animalculæ. To reiterate the speculations on the

subject would be more curious than useful. Each writer has imagined the premise from which the fact is assumed, and the supposed fact has invariably been made to conform to the fancied premise. That it is a *specific poison*, it would be difficult to confute. Its effects on the human system, unlike any thing else ever beheld, seems conclusive evidence of the correctness of the problem.

The treatment of Cholera has been as various as the conceptions of men on the nature of the disease. More obscure than any other malady presented to the consideration of the profession, each member of it seems to have framed his ideas agreeably to the hypothesis derived from his opportunity to investigate, and his ability to judge. As one of the number, I pursued the same course, and while I can with propriety avoid any reference to the views of others, I cannot well refuse, on such an occasion, to furnish you with the conclusions I reached, based on experience at the bedside during the epidemics in this city of 1832, 1834, and 1849, although, if intended for publication, more adapted to the columns of a medical journal.

In my opinion, many of the phenomena, and the immediate causes of death in Cholera, are to be attributed to the *disintegrated* condition of the blood from the direct loss of serum poured out of the capillary vessels into the alimentary canal, and subsequently ejected, in most instances, from the body. Chemical analysis of the discharges has abundantly established the fact, and venous saline injection by its instantaneous effects on the circulation, has synthetically confirmed the truth of the proposition. The first indication, therefore, is to suppress the loss of that fluid, in order to retain, as long as possible, sufficient vital energy for the action of other remedies on the system. For this purpose, astringents are the only agents. Various have been recommended, and I have fairly tested the efficacy of each. To the vegetable combinations I gave a decided preference, and from tannin in five grain doses, diffused in half a wine glass of water, I derived the most satisfactory results. Ice, so generally used, produces similar effects. Independent of alleviating the intolerable thirst, its temperature contracts the muscular tissue of the *prima viæ*, and closes, in proportionate degree, the mouths of the discerning vessels.

Next, and equal in importance, is the necessity to incite the liver to action, as speedily as it can be accomplished by the administration of cathartic medicines. With me, twenty grains of calomel, blended with one grain of powdered opium, and a grain of powdered camphor, succeeded the best.

After a satisfactory trial of many others, in those remedies I placed the utmost reliance. If rejected they were repeated, for when retained by the stomach, and bilious evacuations were obtained from the bowels, little else remained to be achieved, in most instances, but to guard against relapse by *cautious diet* during the period of convalescence. When other diseases supervened, they were treated in accordance with the type, the condition, and habits of the patient.

External applications, I looked upon as mere auxiliaries. As such, of some importance, but in themselves of very little value. For profuse perspiration, no agents equalled in my practice, the free application, in India-rubber bags, of water cold enough to corrugate the skin; and for cramps, none exceeded the use of tourniquets, without the strap-pad, sufficiently tight to interrupt the *superficial venous* circulation in the limbs.

Iced "Congress Spring" water was a grateful drink, and valuable from its saline and alkaline properties.

The above remarks, it must be understood, are alone applicable to Cholera when it presents unmistakable evidence of its existence, by the *more or less* alteration of the countenance; the clammy moistness of the skin; the slowness and feebleness of the pulse; the huskiness of the voice; the coldness of the tongue; the corrugation and lividness of the hands and feet; the spasmodic action of the muscles of the abdomen and extremities, and the "rice water" discharges from the stomach or bowels.

In the earlier stage, with simple diarrhœa, and excessive lassitude, diffusible stimuli composed of laudanum, spirits of hartshorn, essence of cloves and peppermint, tincture of cayenne pepper, and spirits of camphor, followed by calomel, if necessary, were all, in a large majority of cases, that was requisite to put a speedy termination to the attack.

At the several times that the "Health Laws" of the State underwent revision by the Legislature, no reference was had

to Cholera, unless in 1832, when a special act was passed to meet the occasion, and which expired, if I understand Section 10th correctly, by its own limitation, with the year 1833.

On reading over, however, the law as it *appears* to stand, for it is very difficult to say what portions have been repealed by the transfer of the "Marine Hospital" to the Commissioners of Emigration, it seems to me that the alteration of a few words and the addition of a few sections, are all that is required to render it more protective without being additionally oppressive.

With this view, I have marked in the annexed copy of the statute, as published by the Commissioners of Health, in 1846, the amendments I suggest.

To those who examine the various sections for the first time, they will doubtless appear to confer power on individuals at variance with the spirit of Republican Governments; but when the despotism of law is measured by *the despotism of disease*, and the strength of the one is compared with the weakness of the other, it will be conceded, that personal considerations are of minor importance when placed in opposition to the inestimable blessings of health.

I also advise the separation of the quarantine from the institution provided for the protection of the immigrants. Between an establishment for the care of individuals in health, and with ailments harmless to others, and a lazaretto for the reception and detention of persons with pestilential and contagious maladies that endanger the lives of a community, it is difficult to discover any affinity, or to adopt any rational idea why the connection should exist. As it is, singular as it may appear, the Board of Health have control over the local sanitary laws of the county, with the exception of the important appointment of Health Wardens, who are selected by the Chief of Police, while the Commissioners of Emigration have possession of the hospitals and grounds on Staten Island, from whence the safety of the City of New-York, from imported disease, is to be derived. With such an extraordinary admixture of departments and divisions of powers and responsibilities, the result, it seems to me, cannot fail to be disastrous in its consequences to the public.

In my judgment, the Marine Hospital, in order to fulfil the intentions of its creation, should be as the wise heads and pure hearts, governed by the experience of years, originally made it—a direct unincumbered branch of the Medical Police of the State, under the immediate jurisdiction of the authorities of the city and the Commissioners of Health, who are alone competent, from position, to meet the exigencies that momentarily arise. How to accomplish that object, in accordance with the decisions of the Supreme Court of the United States, is the province of a lawyer, not of a physician, to explain.

The mountain heretofore raised in relation to economy, or rather whether epsom salts may be purchased for one or two cents a dose, never can be worth the notice of enlightened statesmen, especially when the safety of a population comprising millions, is under consideration.

Before leaving this branch of the subject, I deem it a duty to recommend the removal of the quarantine from its present location to a more distant site, if one can be procured, that shall afford *a harbor for the secure anchorage of vessels*, and sufficient accommodation *for the safe detention and purification of passengers and their baggage* when circumstances demand it. With any other disease than Cholera, this perhaps would not be immediately necessary ; but when the population of Staten Island, its proximity to the city, the constant, unavoidable commingling of the inhabitants with each other, and the facility and rapidity with which the virus is conveyed, are taken into consideration, the conclusion is self-evident, that much greater security must arise from a more isolated and better ventilated position.

When this is done, and the law as amended in 1846, with trifling alterations, is restored to the statute-book, and *published in one act that it may be understood*, all, probably, will have been *practically* obtained by the authorities of the State, that is within the power of the wisest legislation to devise, short of non-intercourse with infected countries, divided by seas of thousands of miles in extent.

The prophylactic measures adopted against the accession of Cholera, it must be admitted, have hitherto been futile. Mi-

litary and civic cordons of the strongest kind have been instituted, and quarantines of the most rigid character have been established without avail. Governed by special, though inscrutable laws of its own, its independent march over valleys, mountains, and oceans, *regardless of climate or of wind*, has defied the most energetic efforts of human wisdom to control. That the disease, however, is *indigenous* to India, no one can dispute, and that it *radiated* from that point over the habitable globe, few will deny. Be the cause that produces it, therefore, what it may, there cannot be a doubt that it is *transmittable* from hamlet to village, from town to city, from country to country, and from continent to continent. Take, for example, the invasion of Quebec and Folly Island in 1832, and who will question that the miasm did not emanate from the brigs Carrick and Amelia, and the infected clothing and baggage of their passengers and crews? Look at the ship New-York, at Staten Island, in 1848, and who will seek any other source to explain from whence the pest was derived? Remember the ship Swanton, in the same month and year, at New Orleans; the bark Argyle at Boston, in 1849, and the myriads of steamboats on the northern and western rivers, and what additional proof can be required to establish that from those nuclei the materies morbi was disseminated in North America, dealing misfortune and death from one extremity of it to the other.

It has been observed, that Cholera primarily selected the vitiated and depraved members of society, and sought its victims to a greater extent in low grounds and filthy situations. However true that may be, it is very questionable if the result arose from any other cause than the greater susceptibility of that class to receive the impression of a predominant poison. If impaired health, personal degradation, crowded dwellings, abject penury, and an atmosphere loaded with animal and vegetable putrefaction, were the only prerequisites for an attack of the disease, the lapse of time between the years 1834 and 1849, could not have occurred in the city of New-York, especially in the "Five Points." An interval of fifteen years, under precisely the same local circumstances, surely requires some other explanation to account for the presence or absence of the epidemic.

That the malignity of the disease, however, may be mitigated by judicious local regulations, and the proper observance of personal habits, cannot be contradicted. To accomplish that object, the most reliable means are the purification of the streets, yards, privies, gutters and sewers, by the removal of all offensive matter, and the free use of water and other agents ; cleanliness of person, strict precaution against transitions from heat to cold, regularity in the mode of living, avoidance of indigestible food and excess in the use of malt or alcoholic drinks ; due regard to change of clothing with alternations of weather ; pecuniary and other aid to the indigent ; the organization of hospitals for speedy reception of the sick, and of dispensaries for prompt advice and gratuitous distribution of medicines ; the timely appointment of *capable* ward physicians to visit those who are unable to pay for professional services, and an admonition to the public to discard all nostrums, and reject all preventive remedies.

With ordinary attention to these recommendations, the predisposition to the disease may, at least, be allayed, and the violence of its assaults greatly subdued ; but in the practice of them, it is equally necessary to avoid sudden and decided changes in the habits of individuals, for no fact can be better established than the injurious tendency of immediate revolutions in the nervous system during the prevalence of an epidemic, and no greater exciting cause can be induced for the attack of thousands with the malady, who otherwise might escape.

The burial of the dead in *deep* dug graves is preferable to vaults. The decomposition of the body under ground is far less objectionable than in tombs, the air of which, when opened from time to time, is diffused through the atmosphere, and cannot fail to have a deleterious effect on those within its influence.

Whether Cholera is contagious or non-contagious, is difficult to determine, if personal communicability alone be understood by the words. The evidence presented by the advocates of either side is so evenly balanced, that time alone can distinguish the right from the wrong. My own observation has been confined to localities where it prevailed in an epide-

mic form, and where all persons were alike subjected to the impression of the general cause, in a greater or lesser degree, independent of any connection with the sick. For me, therefore, to express an opinion on so doubtful a point, under circumstances where it was impossible to distinguish from which source the disease was derived, would be to place myself in the *conjectural* school, with about equal claim to the correctness of my views.

In closing these remarks, sir, I avail myself of the opportunity to say, that I sincerely hope, that others, with far greater knowledge, may point out more positive and effective measures to protect the citizens of this otherwise healthy and prosperous country from the devastations of a scourge,—the terrific offspring of a far distant land.

I have the honor to remain, sir, your obedient servant,

ALEX. F. VACHÉ.

To the Hon. C. D. ROBINSON,

Chairman of the Standing Com. Med. Soc. & Colls. in Senate, Albany.

ART. V.—*Case of Hemorrhagic Diathesis following suppression of the Catamenia, and attended by Vicarious discharge from the Gums—terminating fatally from hemorrhage following scarification.* By I. B. DUNLAP, M. D., of Norristown, Pa.

ABOUT the 1st of February last, I was called upon, during the absence of her physician, to visit a young lady about twenty-two years of age, who was discharging blood profusely from the mouth, and who, judging from her appearance, was laboring under considerable hepatic derangement. The attack of hemorrhage had commenced four or five days previous, and had continued without intermission up to the moment that I first saw her. On making inquiry into her previous condition, I was informed that she had not enjoyed good health for the past year, but had labored under more or less acute continuous pain in the right hypochondrium, together with considerable irregularity in her menstrual discharge. For the relief of these difficulties she had been under medical treatment, but derived no permanent benefit from the advice

and prescriptions of her attendants. She remained in this condition for about six months, when she became completely jaundiced, and her catamenia were entirely suppressed. Six weeks from the period at which she last observed any appearance of the monthly discharge, she was attacked with severe pain across the loins, nausea, and a profuse discharge of blood from the mouth; her physician was sent for, who made use of the ordinary remedies for arresting hemorrhage, but without effecting any diminution in the discharge, which continued without intermission for five days, and then suddenly ceased. After this she enjoyed tolerably good health, suffering no uneasiness with the exception of the pain in her side, until the expiration of a month, when she was again attacked with hemorrhage, and which, under medical treatment, ran its course, as before, uncontrolled. For the last four months she has had these periodical attacks of bleeding, enjoying comparatively good health during the intervals.

Having taken charge of the case by the request of the family, I was determined to watch it closely, and ascertain, if possible, from whence the hemorrhage proceeded. I therefore requested the family to apprise me the moment that the premonitory symptoms of a return of bleeding should present themselves. Accordingly, in the course of a few days I was sent for, and upon opening the patient's mouth saw distinctly the blood oozing from the gums in front of and behind the teeth, and as far back as the first molars, beyond which I am certain that no blood proceeded. By wiping off the gums the blood in an instant would again swelter out, covering them completely, and by making pressure upon them blood could be forced out in increased quantities. I may here remark that the blood was neither thrown out by hawking, coughing, or vomiting, but discharged by incessant spitting. The bleeding continued to increase, as it had done on other occasions, in spite of all remedial applications, for five or six days, when it spontaneously subsided. During each of these paroxysms of hemorrhage, there was discharged, as near as we were able to ascertain, about six quarts of blood. I now endeavored to restore her catamenia, and correct, if possible, the derangement of the liver. To meet these ends the patient was

put upon the use of the sulph. ferri exsiccata with aloes, alternated with blue mass combined with the extracts of taraxacum and gentian; at the same time counter-irritants were freely applied over the region of the liver, and the nitro-muriatic acid foot-bath made use of every night at bedtime. This course was pursued for four weeks, when a return of bleeding from the gums again took place. This continued some two or three days longer than usual, and the patient was evidently more prostrated from this loss of blood than from any of the previous ones. Port wine with tinct. rhatany, was freely given, and the bleeding appeared to diminish, when, unfortunately for herself, during my absence, on account of the severe pain in her side, and by the advice of a meddling friend, she sent for a cupper, who applied some half a dozen cups on the right hypochondrium, the consequence of which was that the bleeding from the gums entirely ceased, but it was found impossible, by the use of any means, to arrest the hemorrhage from the scarifications. She soon became pulseless, and in less than six hours died. To satisfy myself in regard to the source of the bleeding, I called in my worthy friend Dr. H. D. W. Pauling, who, after examining the case, fully concurred with me in opinion.

Autopsy.—Shortly after death an examination of the body was made, and the thoracic and abdominal viscera carefully examined. The contents of the thorax were in a perfectly normal condition, and the viscera of the abdomen, with the exception of the liver and ovaries, were in a similar state. The latter organs were somewhat enlarged. In the gall bladder were found seven calculi, each about the size of a hazelnut, of an octangular form, with their faces ground perfectly smooth by rubbing against each other.

I regard this as an interesting case in several particulars. Here was evidently a vicarious hemorrhage, a substitute for the catamenia, and this proceeded altogether from apparently healthy gums, and from but a very minute surface when compared with the large amount of blood thrown out. Again, there was certainly a hemorrhagic condition of the system, which was not at all amenable to remedial agents, as was shown by all the means made use of to arrest the bleeding

from the gums or scarification, all of which proved abortive. But does it not appear remarkable, that the moment the cups began to fill, the bleeding from the gums should cease entirely? We are aware of the fact that blood-letting frequently acts as a derivative in hemorrhage, but never before saw a case where it produced such an instantaneous stoppage to the original bleeding, nor of its occasioning fatal results in consequence of the inability to arrest it.

ART. VI.—*Case of Pregnancy complicated by Varicose Veins of the left lower extremity and Pudenda, followed by spontaneous rupture of the left Labium and alarming hemorrhage.* By WILLIAM THOMPSON, M. D., of Nanticoke, Pa.

ON the 5th of January, 1850, I was summoned to attend Mrs. H., and on my arrival was informed that she had lost a very large quantity of blood from the *uterus*. While attending to her household duties, she had been suddenly seized with a pressing sensation in the external organs of generation, and being in the ninth month of pregnancy, supposed her confinement was about to take place. Applying her hand, she felt a large tumor which occupied the left side of the pelvis, that she thought was the *foetal head*, when suddenly she experienced a tearing sensation, accompanied by a profuse hemorrhage through her fingers. After hearing the history of the case, I made an examination, and found a laceration (to the left of the median line) extending from within an inch of the anterior commissure of the labia to the upper part of the *mons veneris*, about three inches in length. The soft parts on the left side of the median line were greatly distended from the effusion of blood into the cellular tissue. The amount of blood poured out through the newly-made aperture was truly enormous; the exact quantity could not be ascertained. The vessel containing a part held more than two quarts; besides, the bed was saturated, and the floor was literally covered. One gallon is a very moderate estimate of the blood lost; I think there was considerable more. The recumbent posture was immediately chosen from necessity, and the hemorrhage

ceased. The varicose veins of the left lower extremity, were completely emptied of their blood, the heart almost ceased to beat, the arteries transmitted the blood slowly to the veins. This was favorable to the formation of a coagulum. To me this was a strange case. I soon satisfied myself that the hemorrhage was not from the uterus; the vagina was free from blood, and no communication existed between it and the new opening through the integuments. The precise point at which the vein burst could not be known; perhaps the femoral, possibly the iliac of the left side; at all events it was a principal trunk, with a large aperture, or so much blood could not have escaped in so short a time, the greater part of which flowed through the lacerated integument in less than a minute. The hemorrhage having ceased, and there being no signs of labor commencing, I resolved to trust the case to nature, since she had arrested the bleeding. I had confidence to believe she would keep it arrested if nothing were done to embarrass her operations. Nothing especial was done for the purpose of removing the extravasated blood till the expiration of the first week, and nothing could be done to bring the edges of the wound in contact, which, at its middle, gaped full three inches, owing to the enormous swelling. The indications of cure seemed to be the formation of a coagulum, that would effectually close the aperture of the bleeding vein till it healed, or its trunk became obliterated; and I was careful to prevent any application that would stimulate the absorbents to perform their work with too much dispatch, thinking the risk of hemorrhage greater in proportion as the swelling became suddenly less. On the other hand, another difficulty threatened; I mean parturition. My fears were excited for that event. The swelling of the soft parts would raise a barrier to the free expulsion of the child, and more because of the risk that new lacerations might be produced, or fatal results follow from the old one by the dislodgment of the clotted blood. After the first week camphorated liniment was applied to the swelling, which grew less so rapidly, that before the end of the second week the swelling had entirely disappeared, and the edges of the wound were in close contact.

On the 20th January, labor pains came on and the foetus was suddenly and easily expelled. The process of repair, if interrupted at all by this event, was barely sufficient to rest the busy carriers of material for repairing the breach.

ART. VII.—*Extracts from the Report of the Proceedings of the New-York Pathological Society* (selected and prepared by Committee of Publication).

Case of Abscess of Liver, following Dysentery.

By J. T. METCALFE, M. D.

JAMES McILVEER, aged forty-seven, a bookbinder by trade, was admitted to Bellevue Hospital, on the 21st of January, 1849.

He states that he had never been ill, until four years since, when he had an attack of what he described as hæmaturia, in which he suffered much trouble, whilst passing his water. No cause could be assigned for this illness, which came on very gradually, unless it might have been owing to the fact, that, about this time, he left off the use of alcoholic drinks, to which he had hitherto been much addicted. His attacks of the kind referred to, generally lasted about three weeks, and had numbered six, with intervals of health, usually lasting five or six months.

About six months ago he was troubled with lancinating pains (not very severe) in the right hypochondrium, which have persisted up to the present time. For the last five months, he has suffered from looseness of the bowels, but does not describe his complaint in such a way as to lead to the idea that it is dysentery. Has never at any time observed that his stools were clay-colored. At times, has complained of nausea, but has never been obliged to vomit. Has constant thirst, and has lost his appetite.

On admission, his intellect was observed to be very obtuse; so much so, as to render it a matter of no little difficulty to obtain any thing like a satisfactory history of his case. His skin was pale, dry and cold; lower extremities considerably œde-

matous. Pulse 118, small and weak. Complained of no pain. Is troubled with a loose state of the bowels, the dejection being of a brownish color, slimy, and terribly fetid. On inspecting the surface of the body, a prominence was observed in the right hypochondriac region, which the patient had observed for the first time, ten days previously. There was no pain complained of when pressure was made over the tumor, which was elastic, and yielded a very distinct crepitus to the fingers.

The respiratory murmur was pure, wherever it was audible. It was indistinct on the right side of the chest, from the nipple downwards. Dulness on percussion commenced at the right nipple, and extended to the umbilicus. On the left side it was normal. The heart appeared to be in a physiological state.

22d. Ordered opiate and astringent enemata; farina for diet. The injections appeared to do but little good, the passages being very frequent, and of the offensive character above mentioned. Injections of nitrate of silver were then ordered, but could not be retained long enough to serve any useful purpose. The nurse stated that he had a discharge from the bowels nearly every five minutes. At night was ordered, on account of his debility, to take brandy punch, and for his restlessness, an opiate.

23d. Pulse 96; weak, no pain. Has had four passages within the last twenty-four hours. Treatment to be continued.

From this time, until the 26th, there was a manifest improvement with regard to the diarrhœa; the number of stools in twenty-four hours, not exceeding four in number. On this day, however, without evident cause, he began to sink gradually, and died at midnight, having been delirious for some hours before death.

Autopsy, 12 hours P. M.

Head. Not examined.

Thorax. Lungs and heart healthy. Right lung compressed upward, by a large tumor within the abdomen.

Abdomen. The upper surface of the right lobe of the liver was adherent to the diaphragm, over a surface two inches square in extent. The length of this lobe was thirteen inches, its breadth seven inches, its thickness six inches. In form, it

resembled an hour-glass, with egg-shaped ends, having the constriction two-thirds the length, reckoning from the inferior extremity. By palpation it was evident that there were two cysts, which were thought to communicate with each other. On opening the lower of these, rather more than a quart of fluid escaped, having much the appearance of pus, mixed with a few small masses, gelatinous in consistence, which resembled imperfectly coagulated white of egg. The fluid was of a sickly, fetid odor.

On examination by the microscope, Dr. Clark was unable to recognize any normal pus corpuscles. Multitudes of small debris, apparently, the walls of cells, were discovered. No remains of hydatids were found. The walls of the cyst were rough, and lined by a thick, false membrane. The upper compartment (between which and the lower there was a complete septum) contained a pint of fluid, precisely similar to that contained in the one above mentioned. The walls of the two were also alike. The tissue of the liver was hard, and its color dark.

The kidneys were healthy.

From the ilio cæcal valve to the anus, the large intestine was covered with patches of dysenteric ulceration, the margins of which presented a beautiful, bright, crimson tint.

In all probability, this was a case in which the dysenteric ulcers had existed for several months. The pus from them had been taken up by the mesenteric veins, had passed into the capillaries of the liver, and had thus given rise to the abscesses in question.

The crepitus spoken of must have been due to the peritonitic patch referred to. It was so very evident both to the ear and to the touch, that several gentlemen, myself among them, were led to suspect the existence of a hydatid tumor. It was similar to that which I have recognized in other cases of local abdominal peritonitis, due to the pressure of an ovarian tumor, and the consequent inflammation. *February 14th, 1849.*

Case of Hernia of the Bladder in a Female Child.

By F. M. MARKOE, M. D.

E—— R——, a female child, aged about three years, had at various times been the subject of prolapsus ani, from straining at stool, while suffering from diarrhœa. The prolapsus had always readily disappeared when the diarrhœa was relieved. During one of the attacks, however, the mother observed that something was protruding from the vulva, which apparently gave great pain, and for which I was consulted. I found that the diarrhœa had existed several days, and was accompanied with the usual prolapsus ani; but, in addition, a smooth ovoidal tumor, larger than a pigeon's egg, was protruding from the vagina, which, by its dark red color and tense feel, gave evidence of being very much congested with blood. I found that the tumor had a narrow neck, which sprang from the upper wall of the vagina, near the median line, about at a point which corresponded with the neck of the bladder, or the commencement of the urethra. It was too tense for fluctuation to be felt; but, from its sudden appearance, and from the situation from which it sprung, I felt satisfied that it was a pouch of the urinary bladder, which had been forced out through some accidental opening in the fibrous wall, intervening between the mucous membrane of the vagina, and the bladder. In this view, I at first attempted by pressure, to empty it of the urine with which it was filled, but found it impossible so to do. The tenesmus and straining of the child had very much increased since the tumor came down, which, in its turn, was increasing the congestion and tension of the tumor. Its prompt reduction, therefore, seemed absolutely necessary. I left to procure chloroform, and assistance; and on returning in two hours, found the tumor had become fairly black from the strangulation of its base, and the child in great suffering from the tenesmus, which had become almost constant. Dr. Metcalfe administered chloroform, which, in a few minutes quieted most delightfully the struggles of the child, and enabled us to proceed with perfect ease. A catheter passed freely into the bladder, showing first that the whole organ was not involved, and secondly, that the point of protru-

sion was about half an inch from the orifice of the urethra. I attempted to introduce a bent probe downwards, into the tumor, hoping thereby to evacuate it, but could not succeed in so doing. The strangulation had become so great, that it became a serious question as to whether it would be better to puncture the tumor and let out the urine, or attempt to relieve the neck of the sac by a sub-mucous incision, when the difficulty was solved by the rupture of the sac, and the flowing out of its contents, with collapse of its walls. The deep color of the tumor now gave place to a more natural red, and in a few minutes, by gentle and steady pressure, the whole sac slipped back into its proper position. The hole through which the protrusion had taken place, could now be easily distinguished, a third of an inch in diameter, and at the precise point above indicated. To prevent the recurrence of the accident, the vagina was stuffed with lint, so as to give support opposite the weak point. Remedies addressed to the diarrhœa were soon effectual in putting a stop to the forcing and straining, which had been the original cause of the mischief. The child rapidly recovered, and now, some months after, the hernial protrusion has never given a sign of any disposition to return. I had feared a vesico-vaginal fistula, but none occurred, partly, I suppose, because the opening was very small, and perhaps because valvular in its new situation. The support introduced into the vagina I regard as important in preventing the urine from escaping. *March 14th, 1849.*

Case of Lithotomy ; large calculus with a head of wheaten straw for a nucleus ; death on the 16th day from double Pneumonia. By W. H. VAN BUREN, M. D.

JAMES BRADY, 67 years of age, of vigorous constitution, but reduced by the pain and suffering consequent on his disease, came under my care, in the Bellevue Hospital, in February, 1849, with unequivocal rational symptoms of urinary calculus. These symptoms had existed for nearly three years, and were increasing in intensity. On examination with the sound, the presence of stone of considerable size was detected. The

irritability of the bladder was moderate; the urine contained an excess of the phosphates, and a moderate amount of inspissated mucus. The prostate was of normal size, and apparently free from disease, as also were the kidneys, as far as could be ascertained.

On account of the age of the patient and the apparent size of the stone, he was advised to undergo the operation of lithotomy, which was accordingly performed by the lateral method, with the knife, on the 2d of March. The patient was affected with a very marked anterior curvature of the spine, the result solely of age, and it was accordingly necessary, in placing him in position for the operation, to support the shoulders and pelvis so as to prevent the whole weight of the body from resting upon the most prominent point of the spinal convexity, which it did under the relaxing influence of the chloroform, very much as a ship out of water would rest upon its keel. There was another complication in the shape of a very large hydrocele of the tunica vaginalis of the left side, which it was necessary to get rid of by puncture, and this was effected before the operation, but after the patient was placed under the influence of chloroform.

In extracting the calculus, which was readily seized by the forceps, it crumbled under their pressure just as it was about to clear the external wound. The finger introduced into the rectum, however, at this juncture, enabled me to press the greater part of the mass out of the wound at once, and the syringe, which was freely used, brought away the remainder.

This accident disclosed the singular and interesting fact, which might otherwise have remained undiscovered, that the calculus had been deposited around a nucleus, and that this nucleus was nothing more nor less than the entire head of a stalk of wheaten straw, which had evidently been introduced into the urethra for the purpose of unnatural excitement, and, slipping beyond reach, by means of its barbs, all pointing in the opposite direction, it had been urged onward into the bladder.

The patient suffered none from shock after the operation, which circumstance, I am disposed to attribute to the influ-

ence of the chloroform, by which he was retained in a state of perfect insensibility during the operation, and saved in a great degree also, from the depressing effect of its anticipation, inasmuch as he was placed in a state of insensibility before being brought into the operating theatre, under the skilful supervision of Dr. Metcalfe.

With the exception of a singularly irregular and intermitting pulse, which made its appearance on the day before the operation, previous to which time it had been perfectly regular, no unpleasant symptom occurred until the ninth day after the operation, when the patient complained of pain in the right shoulder; this increased in intensity, and was accompanied by increased heat and a pale hard swelling of the integuments and subcutaneous cellular tissue, which gradually extended down the arm to the elbow. On the thirteenth day, fluctuation was detected in front of shoulders, and some $\frac{3}{4}$ of healthy matter evacuated by incision.

During this time the urine came freely by the wound, which had suppurated in the most healthy manner, and was now commencing to contract. The patient's general condition was excellent, his appetite good, and well supplied, the bowels moving regularly without medicine, and his sleep natural and refreshing.

On the fourteenth day he complained of pain in the left side of the chest, with a slight difficulty of breathing. He was examined successively by Drs. Clark and Metcalfe, who detected the presence of pneumonia and pleurisy, the former existing in the posterior part of the lung on both sides. In spite of the treatment employed, the disease continued to advance rapidly, and on the sixteenth day he died.

Post mortem examination twenty-four hours after death.—General appearance of the body very slightly altered. Brain not examined.

Thorax.—The left pleural cavity contained about Oiss. of bloody serum, and the free surface of the membrane was coated with a yellowish apparently unorganized deposit of fibrine, which was scarcely adherent to it. The posterior half of both lungs showed the existence of pneumonia in the first and second stages, and were œdematous elsewhere, otherwise

healthy; no tubercles present. The heart was perfectly normal.

Abdomen.—Peritonæum, and contents of abdominal cavity, healthy. Bladder somewhat thickened and contracted; its mucous membrane presented traces of slight injection, but no evidences of alteration of tissue. The wound at its neck was healthy in appearance, and had evidently undergone a considerable degree of contraction. External to the bladder the track of the wound, leading to the perinæum, was suppurating freely; the cellular tissue in the vicinity had participated in the inflammation to some extent. It had failed to consolidate by the adhesive process, except near the external wound, and, as a consequence, pus was found in the loose tissue behind the pubes, and elsewhere in the true pelvis, in a larger quantity than the perfectly healthy condition of the external wound and the general condition of the patient, had led us to anticipate. The shoulder joint contained pus, and the cellular tissue of the arm was extensively infiltrated with it.

Remarks.—This case presents several points of interest. The coexistence of the anterior spinal curvature, and the hydrocele, were circumstances more of curiosity than of importance; the former was brought about mainly, no doubt, by his occupation, which was that of a shoemaker, and the latter would have interfered seriously with the management of the staff during the operation, had it not been removed.

The sudden and exaggerated irregularity of the pulse, which had been observed the day before the operation, was a source of some anxiety, necessarily, with regard to the condition of the heart, although it had not existed previously, and this organ, as well as the lungs, had been thoroughly examined before the operation had been determined upon, by Dr. Metcalfe, who had found no indications of disease. It is proper to repeat, that this diagnosis was confirmed by the subsequent examination, the heart presenting no unnatural appearances whatever. The irregular action of the heart was ascribed to the influence of the chloroform, until it was distinctly recollected that it was noticed before this article had been administered, and the only explanation remaining was the influence of mental anxiety and apprehension, to which it was probably attributable.

The presence of the ear of wheat straw in the centre of the calculus, is to be accounted for only in the manner already suggested; and although the patient did not acknowledge that this was the case, it was probably only because he did not enjoy a more extended opportunity. The presence of foreign bodies in the bladder, under similar circumstances, is not of very rare occurrence. Authors mention numerous instances of a similar occurrence. A short time since Dr. March, of Albany, extracted a portion of a lead pencil from the bladder, by the lateral operation, and quite recently Dr. James R. Wood, of this city, removed the handle of a pewter spoon from the urethra of an elderly gentleman, who had introduced it for the purpose of unnatural excitement.*

The double pneumonia, with the pleuritic effusion, was undoubtedly the cause of the patient's death, and his liability to death from this cause, after a capital operation, at such an advanced age, had not been overlooked; and, indeed, until the tenth day, when the pain of the erysipelas of the shoulder rendered it no longer possible, his position was changed daily, in the hope of averting the possibility of its occurrence.

The amount of diffuse cellular inflammation in the lower pelvis, coupled with the presence of pus in the shoulder joint, would naturally suggest the idea of phlebitis, and with this view the veins of the pelvis were examined, as well as the liver and lungs, but no purulent deposits were detected. My impression is, that the alterations around the arm and shoulder were owing to phlegmonous erysipelas, or rather to that variety of this disease, denominated by Dr. Duncan, Sr., of Edinburgh, "*diffuse cellular inflammation*," inasmuch as the skin was not involved. *March 23d, 1849.*

* In the *Gazette des Hopitaux*, of December 20th, 1849, a case is reported by Mr. Henry, of the Hotel-dieu Hospital, of Clermont Ferrand, of a man 33 years of age, from whose bladder he removed, by the bi-lateral section, a piece of the stalk of a rush (*tige de jonc*) between four and five inches in length, incrustated with calculous matter. It had been introduced into his urethra some months previous by a "*fille publique*."

Case of Congestion of the Kidneys; spontaneous Hemorrhage; death from exhaustion. By B. W. McCREADY, M. D.

ELLEN —, a stout unmarried Irish woman, about 30 years of age, entered the Bellevue Hospital April 6th. According to the patient's account, her general health had been good until about two weeks previous. She had then been exposed to wet and cold, having washed clothes all day in a damp exposed basement, and returned home in a storm. In the evening she had a severe chill, which lasted for two hours. The next morning she noticed her feet were swollen, and she felt generally unwell; she, however, worked during the day, but her illness increased, and the next day she applied at the Dispensary for relief. The swelling of the limbs was more considerable; it had extended to the body, and she now observed, too, that her face was swollen. Finding no relief, she entered the Hospital. It was afterwards ascertained that, though able to work, her appetite had not been good for about three years, during which time she had frequent attacks of vomiting, and that she occasionally drank a little ardent spirit, though she denied ever having used it to excess. She had for the last six months suffered considerably from pain in the right side.

The patient was completely anasarcaous, the limbs, trunk, and face being swollen, but the swelling was most considerable about the legs and back. The complexion was good, the pulse natural, the skin rather dry. She complained of some pain in the back and limbs, and of a feeling of stiffness and tension, caused by the anasarca. She had been compelled to rise at night to pass water, but she had not noticed that it was diminished in quantity. She was menstruating at the time, but the nurse was careful to obtain the urine free from the menstrual discharge. It was of the color of port wine and water, sp. gr. 1016, and contained a little albumen due to the blood evidently contained in the urine.

The patient was bled to ten ounces, cups were applied to the loins, and a warm pediluvium, with a full dose of Dover's powder, was directed at night. On the next morning she ex-

pressed herself as feeling more comfortable. During the twenty-four hours she had passed about $xx\frac{1}{2}$ of pale urine, having a sp. gr. of 1006, and containing no albumen. Menstruation had ceased. On Friday, April 13th, the anasarca had nearly disappeared, the urine had a sp. gr. of 1008; quantity not noted; destitute of albumen. The same treatment was continued with the addition of a dose of compound jalap powder.

On Sunday, April 15th, the patient complained that she had had a chill during the night. The pulse was about 100, the face flushed, the skin warm and dry. She complains of general uneasiness. During the last twenty-four hours about 8 oz. of bloody urine had been passed. She was again cupped freely in the loins, and the hot pediluvium, Dover's powder, and compound jalap powder continued. On Tuesday morning the urine was again bloody and small in quantity. From this time till the afternoon of the Tuesday of the next week, a period of rather more than seven days, the patient passed in all but about $2\frac{1}{2}$ of offensive, dark-colored, bloody urine. This was on the evening of the day preceding her death. At three different times the catheter was introduced by the house physician, and on one occasion about $1\frac{1}{2}$ of pale turbid urine uncoagulable by heat or nitric acid, was drawn off. During this time the pulse varied somewhat. It was generally full and slow, about sixty in a minute, sometimes it rose to seventy; toward the last it was more frequent, but irregular and feeble. The respiration was rythmical, but occasionally sighing and catching, and the expression of countenance was slightly hysterical. The patient was drowsy, but not remarkably so, and was always easily roused. There was often a peculiar fixed expression about the eyes, similar to what is observed in children in the earlier stages of acute hydrocephalus. There was frequent hemorrhage from the nose and uterus, and this occurred to so great an extent as materially to reduce the strength. The patient seemed finally to die of exhaustion, rather than of head symptoms.

Autopsy.—The body was examined twenty hours after death. The head was not opened. The thoracic viscera were healthy. In the abdomen the only change worthy of

note was presented by the kidneys. These were very much enlarged, heavy, and externally of a dark color, which, when the capsule was removed, in some places approached to black. On being laid open they were found somewhat softer than natural, exceedingly congested, and of a dark liver color.

The length of time during which, in this case, there was total suppression of urine, was very remarkable, and in connection with the non-occurrence of decided head symptoms, must tend to modify the rule that has been laid down upon the subject. *April 25th, 1849.*

Cases of Anatomical Anomalies. By CHAS. E. ISAACS, M. D.

Anencephalous Fœtus.—This specimen was presented to the Society by Dr. Markoe, and through his kindness I have been enabled to make a dissection of it. The history which I have obtained of it, is this: That a female, at a very early period of pregnancy, visited the circus. While there she saw one of the performers engaged in throwing a number of summersets, &c., and in standing upon his head with his heels extended in the air, &c. At one time while seeing him in this position, she became excessively alarmed, thinking at the moment, that he had lost his head, &c. The impression upon her mind was very great, and apparently existed for a long time. At the expiration of the usual period she was confined, and was delivered of this specimen.

Dissection.—The specimen will be observed to have a very shrivelled or wrinkled appearance. There are no arms. The feet are turned inwards. The spinal column appears to be perfect, with the exception of the cervical vertebræ, of which only the rudiments exist. Not the slightest trace of a head can be found; its place is occupied by a quantity of cellular tissue covered over by very smooth integuments. The spinal marrow exists, and can be traced even to the very termination of the upper portion of the spine. The ribs exist on both sides, but there is only the rudiment of a sternum. There was no heart. The place of the lungs seemed to be supplied by small masses of cellular tissue. There was a

diaphragm, a liver, but no spleen. The only portions of the intestinal canal were the small and large intestines. There was a single kidney on the left side, with its ureter leading to the bladder, which was very small and imperfect. No internal sexual organs could be distinguished; from the appearance of the external it was probably a female, but this is uncertain. The sympathetic nerve could be traced on one side only, extending through the abdomen and into the pelvis. The nerves came off from the spinal marrow as usual, and could be traced into the substance of the different organs. Very few vessels could be distinguished. Among them the ascending cava, and the iliac veins, and the external and internal iliac arteries.

According to Meckel, and other authorities, the heart, lungs, and spleen, are not unfrequently wanting in acephalous monsters, and sometimes several other organs are deficient, independent of the history of the case, which is very remarkable.

Diverticula of the Ileum.—Dr. Isaacs presented two specimens of Diverticula of the Ileum, one taken from an adult male subject, the other from a child three or four days old. Some obscurity seems to exist as to the precise nature of these diverticula. According to Meckel and some other authorities, they are the remains of a canal, which, in the fœtus, at an early period of intra uterine life, extends from the ileum to the umbilical vesicle, which last is situated between the chorion and amnion. This canal, or duct, is accompanied by certain vessels running from the mesentery towards the umbilicus, and hence called omphalo mesenteric. These, as well as the canal itself, usually become obliterated; but in some cases, as in the present, a portion of the canal remains, forming a cul de sac, while the vessels generally are absorbed or disappear, as in the present specimens. It is very evident that such diverticula might easily become strangulated in hernia, or from some obstruction to the contents of the intestinal canal, produce fatal peritonitis, &c. And such cases have been recorded.

Two descending Venæ Cavæ.—A specimen taken from a male (negro) subject, of about fifty years of age, in which there were two descending venæ cavæ. There was no left transverse vein. The subclavian, and internal jugular on the left side, united as usual, formed a large trunk, which passed downwards, over the arch of the aorta, turned round the lower part of the left auricle, and then entered the right auricle. On the right side, the internal jugular and subclavian formed the right vena innominata; this formed the vena cava, on the right side, and which entered the right auricle at the usual place. This anomaly is said by Meckel to be very rare; he states that he has seen two cases of it, and refers to three others, which have been recorded by other anatomists. *June 13th, 1849.*

Case of False Melanosis. By F. M. MARKOE, M. D.

The patient from whom this specimen was taken, was brought to the New-York Hospital by the captain of a ship from St. Jago, Cuba, who stated that he had been sick with a fever for eight days; that he had been a Cornwall miner, and afterwards had worked in the coal mines of Pennsylvania, but was now a passenger in his ship. When admitted, at 9 A. M., could not be roused to answer questions or protrude tongue. Head not warmer than natural; pupils moderately contracted, but active; showed signs of pain when hair was pulled, and closed his eyes when a blow was feigned. Skin was cool; pulse 112, quick and soft; tongue dry; serdes on teeth; respiration quickened.

On physical examination, the liver was found to extend upward on the right side, on a line with the nipple, but not more than is usual. [Cold to head, sinapisms to feet and legs, blisters behind ears, and a stimulant enema.] Toward night patient grew worse, had a hot skin and fuller pulse, stertorous breathing, cheeks flapping, deglutition difficult. [Free cupping on temples, and as the enema brought little away, Croton oil, gtts iss. Cold continued to head, and stimulants to extremities.]

Died at 2, A. M., Dec. 2. Body continued warm for many hours after death.

Autopsy, ten hours after death.—Dura mater unnaturally adherent to the skull. The two arachnoid surfaces adherent along the whole exterior of the hemispheres, on either side of the longitudinal sinus; also in several places over the cerebellum. The arachnoid was thick, semi-opaque, and could, with forceps, be torn up in shreds, from the fibrous portion of the dura mater. Could also be removed in large patches, from the cerebral hemispheres. The spaces between the convolutions were distended by a sero-gelatinous fluid, with a few opaque spots here and there, apparently lymph. The exterior of both hemispheres was unnaturally vascular.

On slicing the brain, puncta vasculosa not more marked than common. Substance of brain firm; ventricles contained each about $\frac{3}{4}$ of serum. Choroid plexus very vascular, and its substance covered by serous cysts, spherical, of various sizes, appearing like bunches of small grapes. *Thorax.* Lungs universally adherent, yet not very firmly, feeling as if filled with miliary tubercles, with a few large, hard masses in its texture. Both lungs were very black, but studded with small white spots over the tubercles; the white spots showing the points of adhesion. The hard masses, on section, cut like cartilage. Heart unaffected; but the lining membrane of the great vessels leading therefrom was intensely reddened. A melanotic mass was found in the ariola tissue around the aorta, just below the diaphragm. Peritoneal sac contained about a pint of serum. Liver very much enlarged, extending upwards as above, and of a bronze color. Spleen enlarged to twice its normal size, and very much softened. Dec. 12, 1849.

Case of Tracheitis Membranacea—Tracheotomy.—Death.

By PROFESSOR ALONZO CLARK, M. D.

For the accompanying specimen I am indebted to Drs. H. N. Ballou and J. L. Chandler, of St. Albans, Vt. The facts appertaining to it are stated by Dr. Chandler, as follows:

"I was sent for at a late hour of the night, (Saturday, 3d November, 1849,) to visit William Wood, twelve years of age.

On the ground of my own indisposition, I requested the messenger to excuse me, and call Dr. Ballou, not suspecting how severe a case was to be encountered. Dr. Ballou, on his arrival, immediately dispatched a messenger after me, requesting me to bring such instruments as might be necessary to open the trachea. On my arrival, I found the boy prostrate. He had been plied, very properly, with emetic tartar and calomel, from the moment of Dr. Ballou's arrival. He had been indisposed three or four days, gradually becoming worse, having the fore part of the week fallen into the water, and not taking the precaution of changing his clothes. The mother called it 'a terrible cold,' and therefore did not deem medical advice indispensable, till all hope of benefit (probably) from medication was past. Dr. Ballou regarded the case as probably laryngitis. I have not yet even looked after the pathognomonic symptoms which distinguish that from like disease of the trachea. No matter. I hoped he was right, inasmuch for the time being, at least, such being the seat of mischief, tracheotomy seemed the more promising. By the way, the pulse was *hard*, but not very frequent, nor small. The skin was getting livid, the nails blue, the lips no better; and respiration was effected with such *stricter*, that instant suffocation was threatened. I remarked one circumstance, that I can now explain, I think. The *inspirations* were effected with much less difficulty than the *expirations*. Such being the emergency, we proceeded at once to open the trachea. The expected relief, however, did not follow. At every expiration a shreddy membrane was protruded at the opening, and retracted at every inspiration. I seized it with much difficulty, and after repeated failures, with my thumb and fingers, and with great caution, separated it, probably at the upper extremity of the trachea; after which, the patient breathed for two hours, more or less, with ease; and we were quite happy in the hope of his recovery. This was about two o'clock, Sunday, P. M.; he died Monday, P. M., at six o'clock.

"I should have premised that there was some cough, and some expectoration of muco-purulent matter, and that this slowly increased, (discharging only at the orifice in the trachea,) with evidence not only of tracheal, but of bronchial mischief, till he died.

The tube of false membrane measured a little more than four inches in length when first removed, and was a perfect mould of the trachea. It has contracted since immersing it in proof spirit, to three inches. Of course, we yield all our wisdom and learning in the matter of laryngitis, for it was palpably tracheitis. The poor boy's life was prolonged by the operation, probably, twenty-four hours; but what shall be the practical improvement of this piece of history, I leave you to learn from Drs. Parker, Clark, or, whoever may condescend to enlighten you.

By the way, I said I thought I could now account for the fact, that inspiration was less difficult than expiration. The factitious membrane lining the trachea, was apparently *digested off*, below the point of the opening; and remaining fast above, it operated like a valve, closing up the passage through the upper portion of the trachea, at every expiration. The purulent matter discharged, though in small quantities, was indicative, I suppose, of the partial success of that very patient, persevering, uncomplaining, ill-understood, undervalued, and much abused personage, *Vis Medicatrix Naturæ*. Dec. 12, 1849.

*Case of Chronic Otitis, followed by Cerebral Meningitis—
Death.* By J. T. METCALFE, M. D.

Daniel O'Connel, admitted for treatment in January, 1850, aged twenty-two, a laborer by occupation, and of strumous diathesis.

He states that for the last five years, he has been troubled with pain and deafness in the right ear, and that occasionally there has been a discharge of purulent matter from it. In 1847, he had had typhus fever, and has since had two attacks of the same disease, each lighter than the first, which was of considerable severity. For the last of these he was treated in Bellevue Hospital, and had been pronounced so far convalescent as to be allowed to assist in the service of the ward, as orderly.

On the fourth of January he complained of pain in the right ear. This was relieved by a blister over the mastoid process of the right side, which was kept open.

On the 13th, he was found at the hour of making the visit in bed, suffering from considerable pain in the right mastoid region. His stomach had been irritable, and he had vomited several times since the preceding night. As he had eaten not very long before this, an emetic was administered, which had the effect of completely emptying his stomach, and of rendering him quiet and comfortable during the night.

On Monday morning, the headache and nausea returned, accompanied by diplopia and strabismus. The pupils were dilated and inactive, and he was unable, fully, to close the right eye. The bowels were constipated, the pulse 96. An aperient was ordered; the head directed to be shaved, and a blister to be applied to the right half of the scalp. Calomel and opium internally.

15th. Pulse 116; intermittent at every 5th or 6th beat; tongue dry and brown. Pain in the head more severe than yesterday. The double vision not so marked as it was twenty-four hours before. His sight, he thinks, is clearer also. He sees better with the left than with the right eye. There is no formication in any part of the body, no paralysis, either of motion or sensation, except on the right half of the face and head. Has had no chills. On making forced expiration, whilst the mouth and nose were closed, no air passed through the ear.

16th. No improvement during the past night. Pulse 80; small and wiry. Heart has lost much of the quick, sharp action which was noted yesterday. Tongue dry and hard. When protruded, deviates to the left. Diplopia absent when the object is near, or at a distance of several feet. Within these limits, the vision is still double. Since visit of yesterday, has had several chills. In the afternoon of this day, he slowly became comatose and fell into a sleep, during which he died without convulsion.

Autopsy, seventeen hours after death.—Body well nourished; muscular system unusually well developed; surface of body pale; skull very thin. On raising the calvarium, which was firmly adherent to the dura mater, the vessels of the brain were observed to be much injected. About half an ounce of bloody serum escaped on slitting open the dura mater. That portion of the base of the brain resting on the posterior aspect

of the petrous portion of the temporal bone, was covered with pus, which was effused also, between the arachnoid and dura mater, over a space as large as a Spanish quarter dollar. Over this part, the arachnoid was partly destroyed, and the cerebral tissue softened. The purulent effusion communicated with the internal ear by the meatus auditorius internus, covering the right crus cerebri and a portion of the medulla oblongata. On examining the temporal bone, by removing the thin plate above the inner ear, the whole part, comprising the cochlea, labyrinth, and semi-circular canals, was found to be in a state of complete disorganization. The space included between the meatus auditorius internus and outer ear, was filled with soft matter, much resembling putty. This consisted of pus globules, and the débris of surrounding tissues. It contained, also, a considerable quantity of broken nerve tubes. The auditory nerve was much hypertrophied, as it entered the canal. It was hard and flesh-like in appearance, having its fibres separated from each other by matter, which, under the microscope, was found to consist of granules, with débris of unrecognizable structure.

The tympanum was entirely destroyed, so that when the matter filling the internal ear had been removed, a free opening, a quarter of an inch in diameter, extended from the internal auditory meatus to the external ear.

Arising from the posterior attachment of the tympanum, was a small polypus, not larger than a pea, which measured, with its pedicle, half an inch. No disease of the mastoid process itself.

False Joint at the Hip, attended by the formation of a new Acetabulum. By W. H. VAN BUREN, M. D.

In assisting my friend, Dr. Thomas F. Cock, at a post mortem examination of a woman of thirty-two years of age, of whose previous history nothing was known, except that she died from the effects of a very difficult labor, with a hydrocephalic child, it was noticed that one of her lower extremities was shorter than the other. This was at first attributed to obliquity of the pelvis; but on closer examination and mea-

surement, there was found to be an actual shortening of two and a half inches, together with a permanent extension of the foot of the shortened limb, constituting a well-marked talipes equinus. On proceeding to investigate the cause of this deformity, I found that there was a dislocation of the femur upon the *dorsum ilii*; the head of the bone had disappeared entirely, and the remains of its cervix was worn smooth on its surface, from contact with a newly formed substitute for the acetabulum, situated on the dorsum of the ilium, beneath the glutæus minimus muscle, which, with the cellular tissue, and the other muscles in its vicinity, had formed a very perfect capsule for the new joint. The new acetabulum was not furnished with any coating of articular cartilage, but the portion of the ilium composing it was exceedingly smooth, and it was rendered deeper by the deposit of new bone around its circumference. There had been, evidently, free and useful motion in the new joint, although, as far as I can ascertain, its capsula has no lining of synovial membrane. The original acetabulum is diminished in size, and altered in shape, still retaining its incrusting cartilage, and its capsular ligaments, which communicate by a free opening with the new capsule, so that the *quasi* head of the femur will readily pass from one capsular cavity into the other, although it can only articulate with the new acetabulum.

In the absence of all information with regard to the history of the subject from whom this specimen was taken, I am disposed to surmise that it is the result of hip-joint disease in very early life. The head of the bone was thus destroyed, and the capsule of the joint having undergone ulceration, what remained of the neck was drawn by the muscles through the ulcerated opening in the capsule, and being brought into contact with the *dorsum ilii*, a new joint was formed in place of the ordinary result in such a case, viz., ankylosis.

If this view of the case be correct, the specimen exhibits an instance of one of the rare terminations of hip-joint disease. I may mention that obsolete tubercles were recognized at the apices of both lungs, furnishing collateral evidence of the existence, at some previous period of her life, of the scrofulous diathesis.

Another explanation of the condition of parts exhibited by the specimen is admissible, in the occurrence of a traumatic dislocation of the healthy bone upon the dorsum illi, sufficient inflammation having been thus excited to destroy the head of the bone.

There were no evidences of disease around the joint, excepting fatty atrophy of certain of the muscles. *February 13th, 1850.*

ART. VIII.—*Case of severe Gunshot Wound of the Axilla, followed by recovery without Amputation.* By SAMUEL TYLER, M. D., of Frederick City, Md.

ON the 26th of May, 1845, at one o'clock, P. M., I was sent for to see a lad ten years of age, who had received a gunshot wound, anteriorly, in the upper third of the right arm. When I arrived at the spot, distant some six miles, I found the patient in a very faint condition, the wound having bled profusely.

Upon examination I found the load, which was of large sized shot, had entered at the upper third of the humerus, near the anterior edge of the pectoralis major, penetrating the biceps flexor cubiti and coraco-brachialis, making its exit through the latissimus dorsi and teres major, and doubtless severing in its course the long head of the triceps muscle. From the character of the hemorrhage, the extent of the wound, and faint condition of patient, no doubt existed as to the complete division of the brachial artery. The subclavian being secured by pressure, the boy was conveyed to his residence in town, and on his arrival, I immediately prepared to amputate the limb at the humeral joint. Being resisted entirely in this proceeding by the parents, I could do nothing but dress the wound (the subclavian being kept secured by pressure, as I feared hemorrhage to a great degree when reaction should come on) with warm poultices, clearing it at the same time of all extraneous matter. During the progress of the case, the forearm was very cool, but evinced no disposition to gangrene. Without troubling the reader with the details of the case, he recovered

entirely; the limb being nourished, though feebly, by the anastomosing vessels. Six months from the date of the accident, no pulsation could be felt in the ulnar, or radial arteries, though he was examined by several eminent physicians. Such a result is certainly extremely rare, at least so far as we can depend upon the "recorded" annals of surgery.

ART. IX.—*A Case of Corroding Ulcer of the Uterus. With Remarks.* BY B. FORDYCE BARKER, M. D.

Mrs. D——, aged forty-six, was married, and mother of nine children, all living, the youngest now thirteen; first came under my care January 14th, 1848. She was in bed, very much emaciated; countenance sunken, very dark areola below the eyes, and cachectic hue. She has for nearly a year suffered intense hypogastric and lumbar pains, on account of which she is obliged constantly to resort to large doses of laudanum, or M'Munn's Elixir of Opium. There is also great vesical and rectal irritation at times. She ceased menstruating seven years since. She has had constant leucorrhœa for six years, varying from time to time as to color and consistence; but since June last, it has been uniformly sanguinolent, and frequently fetid. Since June, also, she has occasionally had profuse hemorrhage from the uterus.

She has no appetite, and her bowels are never moved without the aid of laxatives or enema, except at irregular intervals, when she has for two or three days diarrhœa with severe tenesmus. *Digital examination.* The vagina was moist, and of a natural temperature; os patulous, admitting with ease the first phalanx; cervix moderately large, soft, irregular, ragged, with distinct loss of substance of anterior lip. Uterus perfectly movable, and apparently of normal size. Pressure caused no pain. Finger covered with blood. *Rectal examination.* The ovaria were distinctly felt enlarged, and pressure on either produced severe pain. *Speculum examination.* There was no excoriation of either labia or vagina. The cervix readily entered the speculum, which was immediately filled with blood. On carefully wiping away the blood, the os presented a deep,

irregular, jagged ulcer, of a dark brown color, involving its whole extent, but the anterior lip was half destroyed. Cauterized deeply with the acid nitrate of mercury, and directed tepid alkaline injections to be repeated several times a day. Valerian zinci gr. j. ext. conii, gr. ij, ter die ; pil. rhei co. q. s. to procure a daily evacuation of the bowels, a generous diet, and to dispense with the opiate if possible.

January 21. For three days after the cauterization she suffered more pain than usual, so that she was compelled to take laudanum freely. The vaginal discharge was also increased, and was thicker, but it has been diminishing in quantity since the 18th. She has decidedly improved in spirits and appearance. The cauterization with the acid nitrate of mercury was repeated, and the same general treatment continued. I visited her subsequently, five times, at intervals, from six to eight days, repeating the cauterization at each visit. The last time I saw her, the ulceration was of a much brighter color ; the granulations were small, and did not bleed when wiped with the lint. The vaginal discharge was very much diminished in quantity, and there was no fetor. Her general health and appearance had very much improved, so that now she was up and about her house the greater part of the day. She resided in another town some distance from me, and my attendance upon her now ceased, as her husband, whose circumstances were moderate, felt that he could not afford to pay for visits which seemed to him no longer necessary.

September 10th. Was called upon to make a post mortem examination of Mrs. D——. For some time previous to her death she had been under the care of two "Indian doctors," who had assured herself and friends that there was no disease of the womb. I was told by the family that she had never suffered from the severe pains in the hypogastric and lumbar regions since the cauterization, neither had the vaginal discharges again become fetid, until within three weeks of her death. Examination twenty-six hours after death, in presence of several physicians.

External appearance, extremely emaciated, abdomen sunk-en. Head not examined. Lungs, healthy ; slight adhesions of pleura on right side ; none on left ; right pleural cavity

contained about twenty ounces of serum; left, twelve; heart, large, pale, and softer than usual; aortic valves thickened and rough; left ventricle contained a large coagulum; liver, very large, (we were unable to weigh it,) extending four and a half inches to left of mesial line, and one inch below the border of the false ribs; its surface was mammillated, and its peritoneal coat thickened and opaque; its tissue soft, of a yellow tinge, and its granules large and very distinct; gall bladder contained two ounces of dark brown bile; peritoneum adherent to lower border of liver, and ascending colon; its cavity contained about twelve ounces of turbid serum; stomach and intestines normal; kidneys; right, the tissue completely destroyed, soft and *gangrenous*; left, one-third larger than in the normal state, its substance firm, and of a very dark color; uterus, slightly adherent to rectum; two and a half inches in length and two in breadth, one inch in thickness at the fundus, the structure perfectly natural. The cervix was wholly destroyed by ulceration, which had partially involved the upper part of the vagina. The surface of the ulcer was of a greenish brown color, pultaceous and gangrenous; there was no thickening or abnormal adhesions of the vagina. Right ovaria, three and a half inches in length, two in breadth, and suppurated; it was judged that it contained a full ounce of pus; left, somewhat enlarged, and its texture rather firmer than natural; bladder, very small and contracted, containing no urine; its mucous coats were thickened and softened at the fundus.

Without stopping to discuss the various points of interest which this case presents, I will only add a few words in relation to the diagnosis of corroding ulcer of the uterus. Most writers on uterine pathology have regarded corroding ulcer and ulcerated cancer (the only disease with which it can ever be confounded) as entirely distinct diseases. But Dr. Robert Lee, who has contributed largely and usefully to this department of pathology, in the *Cyclopedia of Practical Medicine*, says: "That there is no essential difference between these affections, is proved by the fact, that the morbid alterations of structure by which they are characterized, are sometimes found blended together in the same uterus, and they have all

this common tendency, that they invariably proceed, after a longer or shorter period, to destroy the different parts of the uterus and adjacent viscera." He has recently reiterated the same doctrines in the "Pathological Observations on the Diseases of the Uterus." "From these cases it will be seen that the fungoid tumor of the uterus or cauliflower excrescence, schirrous carcinoma, and corroding ulcer, are merely different forms of the same malignant disease." How such a conclusion results as a sequitur from the meagre and imperfect report of the forty-two cases of malignant disease of the uterus, which he has given, it is quite impossible for me to see, as there are only four cases of corroding ulcer in the number, and in these there was no carcinomatous deposits in any part of the system.* Case XLII., which Dr. Lee includes among those of corroding ulcer, was undoubtedly ulcerated carcinoma, at least we should so infer, as the report says: "On both sides of the situation of the lower part of the uterus were masses of schirrus, in which the trunk and branches of the hypogastric vein were imbedded." The value of these "observations" is very much diminished from their being behind the present state of science. There is an entire absence of all histological observation. In this respect, Professor Bennett, of Edinburgh, in his recent valuable work on "Cancerous and Cancroid Growth," has supplied a want long felt by those engaged in the study of this branch of pathology. He has shown, that between the diseases now under consideration there are structural differences of a very marked character. In corroding ulcer the nucleated cells, infiltrated among the meshes of a fibrous stroma, which constitutes the cancerous structure, are entirely wanting. The cells are epithelial,

* Dr. E. Watson, of Glasgow, in the Monthly Journal, November, 1849, regards the *cauliflower excrescence* of the os uteri as non-malignant, from the following considerations. 1. The progress of the growth is, generally speaking, slower than any known malignant disease with which we can compare it. 2. The age of the patient, in cases of cauliflower excrescence, is usually younger than that of the victims of malignant disease of the uterus. 3. The cachexia attendant on malignant diseases, especially of the uterus, is generally absent from cases of cauliflower excrescence. 4. During the whole course of the cauliflower excrescence, pain is almost never complained of by the patient. 5. Five out of nine have been cured by excision.

"often resembling cancer cells when viewed alone, but associated with flattened scales varying in shape and size, sometimes occurring in groups adhering at their edges; at others, mingled together in a confused mass." The distinction is of great practical importance; the pathological course of the two diseases differing essentially, as do the results to be anticipated from a rational treatment. It is true that many of the most prominent symptoms are common to each. Both usually commence at the same period of life, both give rise to severe lancinating pains in the hypogastric and lumbar regions, both sometimes occasion severe rectal and vesical irritation, both are attended with hemorrhages and fetid discharges, and both cause great emaciation and exhaustion, and terminate fatally. But in cancer there is a morbid deposition which subsequently takes on the ulcerative process; there is a destruction of the natural tissues without any foreign deposition. In the former, the seat of the disease is indurated and the uterus fixed and immovable, the pelvic cavity being filled by the cancerous deposition. In the latter, there is only slight induration of the margin of the ulceration, with none of those hardened projections produced by cancerous growths, and the uterus is more easily moved than in health, the pelvic cavity becoming greater as the disease advances.

The treatment of this disease has hitherto been wholly unsatisfactory, yet I think we have good grounds for anticipating much benefit from deep cauterizations, combined with other appropriate means and constitutional remedies. Unlike *noli me tangere*, and analogous affections in other parts of the system, there is no obstacle to its thorough and complete application before the cervix is too far destroyed. In the case above reported, the benefit arising from deep cauterization was marked and unequivocal. In a case also reported by S. Conant Foster, (*Vide this Journal*, N. S., vol. 2, page 313,) the like beneficial results were obtained from the same means. How far the French have been successful in treating this disease by deep cauterizations, I am unable to say; and from its extreme rarity, it will be long before a sufficient number of cases can be collected to determine satisfactorily as to the probability of success from any mode of treatment.

ART. X.—*Adipose Sarcoma, with a case.* By MARK STEPHENSON, M. D., of New-York. (With an engraving.)

MR. EDITOR: Every well-wisher to his profession should be willing to contribute his mite to the cause of medical science, and should you think the following case possesses sufficient interest to merit a place in your valuable journal of medicine, it is at your disposal.

It may interest the pathologist, and if attended with no better consequences, may inspire the young surgeon with feelings of confidence as to the practicability and safety of relieving his fellow beings of these annoying burdens. But why need I offer any apology for this essay, when such men as Sir Astley Cooper, Mr. Abernethy, and others in distant climes, no less than a host of worthies in our own country, have not considered it beneath them to descant largely, and learnedly too, upon this interesting class of maladies? Mrs. A. D., aged about 40, consulted me in relation to a tumor, which she said had been gradually enlarging for over seven years, but much more rapidly for the last year or two. She could not (as is usual) assign any cause for it. They are very common, and some constitutions seem more prone to them than others, and I think I have observed them more frequently in females than in males, and that their presence in the system often interrupts the natural secretions of the uterus, which, after their removal becomes regular in its functions. Some have thought they are more common with colored than white persons; how far this statement is correct I am unable to say. They are easily removed, and the operation is unattended with danger, save that of occasional excess of inflammation, with general irritation and fever, consequent upon extensive wounds, or from some peculiarity of location; and what is most pleasing (owing to their non-malignancy) they seldom or never return. A French writer gives an account of a delicate female who had eight large tumors of this species growing upon her at once. In my diagnosis I recognized it as belonging to the adipose family of tumors, which, upon its removal, I found to be correct.



ADIPOSE SARCOMATOUS TUMOR,

Extirpated by Dr. M. Stephenson, February 23d, 1850.

The tumor, as the reader will see by the accompanying engraving, was located partly upon the lower border of the shoulder, but principally upon the posterior part of the arm, extending to the axilla, the *protuberance* resembling in some respects the ladies' bishop sleeves of former times. It measured over half a yard in circumference, being ten inches in diameter, and eight in thickness. The tumor I have preserved, and to me is an interesting souvenir, in my pathological and anatomical collection. Its great bulk and weight, pressing upon the auxillary nerves, produced more or less numbness and pain in

that arm, especially after much exercise, to a degree that frequently she would be deprived of sleep for several nights in succession. It was only in consequence of these alarming and distressing symptoms that she was induced to submit to its removal. The operation was performed on the 23d of February last, by making two incisions of about twelve inches in length, their extremities uniting so as to form an elliptical opening from the inferior border of the scapula to the most pendulous portion of the tumor in the axilla, exposing a large extent of muscular surface. A large portion of integument was removed with the tumor, the remaining portion was carefully separated from the protuberance, but still enough was left to cover the wound. Several vessels were secured by ligatures, after which the flaps of the wound were secured partly by interrupted sutures and partly by adhesive plasters.

In two weeks from the day of the operation the wound had united, and the patient was busily engaged at her needle work. Little or no constitutional irritation ensued after the operation; the very thing, and almost the only thing, to be dreaded in the healing of these wounds, and should be a powerful argument in favor of their early removal. Instead of being surrounded by a condensed capsule, its covering was more like a tunic or very delicate fascia, and resembled very much the tunica arachnoidea, forming not only an external covering to the tumor, but dipping down between its lobes. Indeed, the tumor itself, when removed from the body, resembled, not only in its convoluted appearance, but in its shape, the human brain. My task was rendered comparatively easy by adopting the plan suggested by Professor Stevens, which ought always to be carried into practice in operations of this kind, viz., to cut down at once to the tumor, or rather to its immediate covering, before commencing its dissection, and then to remove the whole of it with its proper sack, and nothing else. Although the incisions were so extensive, and the wound so seemingly frightful, the patient exhibited the greatest heroism and self-possession, unaided either by anodynes or chloroform, remaining firmly seated in her chair during the whole of the operation. This may partly be accounted for from the fact that the patient was a female, it be-

ing an axiom with surgeons that females stand surgical operations better than males. Chloroform was not omitted in this case from any prejudice in regard to its use, but because there were some peculiarities on the part of the patient which seemed to contraindicate its being used. With your indulgence I will here, in conclusion, add my humble testimony in favor of the use of chloroform in surgical operations. When properly administered to a proper subject, I have the fullest confidence in its safe effects. It should not, however, be crowded too fast upon the patient, or its anæsthetic effects kept up long without every now and then a due admixture of atmospheric air.

I have used it in amputations with the most delightful effects, and in one instance where the child was only between four and five years old. I have also used it in operations upon the eye, with perfect safety. I have also recently used it in the removal of an extensive exostosis of the frontal bone, involving the frontal sinus and a portion of the superior orbital plate, in which the patient (owing to the tedious nature of the operation,) required to be kept under its influence for nearly one hour, yet no unpleasant consequences resulted from its use.

ART. XI.—*Case of Polypus Uteri, successfully removed by ligature.*
By S. B. PHILIPS, M. D.

A LADY about sixty years of age, called on me more than four years since, for difficulty in passing water. She stated that it was occasionally attended with pain, as it was at that time; and further, that she had had falling of the womb for *eighteen years*, from which she had suffered very much, and for which she had worn an instrument for a long time, by the advice of her family physician.

Supposing that she labored under procidentia uteri, I did not interrogate her upon that subject, but prescribed for the difficulty of which she complained. Of that she was soon relieved, and I was not consulted by her again for nearly two years, when she called on me, and said that her strength and

health were failing her, and that the instrument had, for some time past, failed to render her the support it formerly did. The last remark led me to inquire respecting the supposed displacement of the womb. Her replies led me strongly to suspect, that both she and her physician had been mistaken relative to the cause of her difficulty; but, being informed by her, that she had consulted several different physicians, who had all agreed that it was prolapsus, except one, who thought it was ulcers of the womb, I was distrustful of my own opinion, and did not at that time inform her of my doubts in her case. I prescribed a tonic, and she retired. She informed me that she had borne four children, and been a widow for thirty years.

While deliberating upon the subject, I became convinced, that if her replies were correct, she had polypus, and not prolapsus, as she supposed, and determined to acquaint her with my opinion, notwithstanding her assurance. Accordingly, I informed her that I entertained doubts of her having falling of the womb, and that it was more probable that it was a tumor, which might perhaps be removed. It was difficult to persuade her of the possibility of a mistake, as she had great confidence in those whom she had consulted. She then informed me that she had never been examined. This encouraged me to propose an examination. She did not at first consent; but after she had conversed with those of her acquaintance, some of whom had falling of the womb, and others, who had been examined for other causes, she informed me of her willingness to submit.

An examination confirmed my opinion. A polypus was found of no inconsiderable size. It was of the fibrous character, cylindrical in form, and ulcerated in the most depending part. It had near its neck a small protuberance, which appeared like a small tumor, arising from the polypus itself. On removing the instrument, it was partially protruded without the vulva, when by traction, and separating the labia, the os uteri, surrounding the neck of the tumor, could be brought into view. Its peduncle was from one-half to three-fourths of an inch in diameter, and contained a large artery, pulsating strongly. The os uteri surrounded the neck of the tumor, through which it no doubt issued at some former period, as it was probably

originally formed with the uterine cavity. The labia of the mouth of the womb was continuous with the neck of the tumor, being *completely consolidated or grown together*, except on the posterior part, where there was an opening about one-eighth of an inch wide, between the posterior lip and the neck of the tumor, which had been kept open by the uterine discharge. Into this opening I introduced an ivory probe, an inch and a half.

Though the lips of the womb, and the peduncle of the tumor were united, the line of union could be distinctly traced by the dissimilarity of the colors of the womb, and the tumor; the former being of its natural color, the latter of a dusky purple.

She had constant puriform discharges, frequently mingled with blood, and said she had the change of life on her for *seventeen years!* and that she was not yet free from it!!

After the examination, I informed her that it was a tumor, which could, in all probability be safely removed; but as it had been of so long standing, and the system accustomed to puriform and bloody discharges, and the health and strength so much reduced, I deemed it prudent to take advice before proceeding to remove it.

Accordingly, I requested the counsel of Dr. Mott, to whom I would allude with the *highest* respect, for his *pre-eminent skill* and uniform kindness on several occasions. He examined the case, and confirmed the opinion I had given; whereupon, I applied a ligature, by which the tumor was strangulated. The ligature was tightened the second day, and on the fourth the tumor was separated, which measured six inches in circumference, and four in length, though much diminished by discharges, after it was ligated.

While the ligature was applied, she was unable to pass her water, which was drawn by the catheter. The next day after the application of the ligature, there was some derangement of the stomach, and febrile irritation, but nothing serious.

She had been unable to hold her water for a number of years; but, since the separation of the tumor she has regained the power to control its passage.

No unfavorable consequences followed the removal of the tumor. Her health has been *very much* improved; and though

so long accustomed to a constant drain upon the system, yet no inconvenience from plethora has been experienced. It is more than two years since the operation, and the vaginal discharge ceased almost immediately.

ART. XII.—*On the Contagion of Cholera.* By JOHN B. PORTER, M. D., Surgeon, U. S. A.

THE existence of Cholera Asphyxia in the United States during 1849 and in the present year, renders the question of contagion one of peculiar importance. Numbers of the profession, perhaps a majority, and the entire population believe in the contagiousness of this disease; and that those in authority credit the doctrine, is evident from the stringent quarantine laws enacted in almost every port of the Union, and from the *cordon salulaire* attempted to be enforced by the Governor of New York on the northern frontier of that State, by proclamation, dated June 5th, 1849, according to an act of the Legislature, passed April 11th, 1849, reviving the act of 1832, for the "preservation of the public health." A summary of the Cholera cases which occurred in General Hospital, New Orleans Barracks, La., in the last part of 1848, and in 1849, the substance of which is contained in a communication to the Surgeon General of the Army, with my report of sick for June 30th, 1849, may not be uninteresting, as bearing on the question of contagion. A brief statement of the situation and circumstances of the post and hospital is premised.

The Barracks, directly on the Mississippi River, below New Orleans, though within the corporate limits of the city, are about four miles by land from the business part of it. During the Mexican war the larger portion of the buildings was turned over to the Medical Department of the Army, for a general hospital for sick soldiers *en route* to Mexico, or returning from that country. In August, 1848, this hospital was broken up on account of yellow fever in New Orleans, which prevailed there in the summer of this year, as in 1847, and the patients transferred to General Hospital, Pascagoula, where several regiments, just arrived from Mexico, had a summer encampment. In the last part of November the Pascagoula Hospital was broken up and the sick transported to New Orleans barracks. From August to November, however, a number of patients had been admitted into the hospital of the barracks, in charge of Assistant Surgeon Sloan, discharged men, who had served in Mexico

as soldiers, teamsters, &c., and who were generally dissipated, in want, and worthless. This class of patients continued to be admitted. The consolidation of both hospitals at the barracks, in November, brought together about eighty patients, and in the same month the post was re-garrisoned by one company of the 4th artillery. Early in 1848 a large and commodious hospital, adjoining the barracks, but separated from them by a large wall, had been commenced, and in December of the same year a portion of it, barely sufficient to accommodate the sick actually present, was completed. On the 26th of December, 1848, the sick were removed to the new hospital.

December 12th and 13th, 1848, two cases of Asiatic cholera admitted into the Charity Hospital, of New Orleans.—*Memorandum of E. D. Fenner, M. D., of New Orleans.*

We now come to the cases.

1. William Warner, discharged marine, aged about 40, admitted for drunkenness, December, 24th, 1848; died same day. Had symptoms of cholera at the last.

2. John Davis, discharged soldier, about 35 years of age, admitted from town on the evening of the 27th December, 1848, with confirmed cholera. Had been on a severe drunken frolic at Christmas. Died on the 28th.

3. Thomas Smith, discharged soldier, aged about 35, admitted with cholera on the evening of the 27th December, 1848, in company with Davis. Had been drinking severely at Christmas. For duty January 10th, 1849.

4. J. R. Newton, discharged teamster, aged about 32, admitted for diarrhœa, December 5th, 1848. Went to town without leave on Christmas day and got drunk; cholera supervened. Died December 28th.

5 and 6. William Betebener, private, company C, 4th artillery, admitted January 2d, 1849, with a slight attack of cholera, supervening on a drinking frolic. Had cramps, diarrhœa, and vomiting. March 28th, 1849, had a severe attack of cholera. For duty on 27th April.

7. Henry Moiers, private, 3d infantry, aged 34. Sick through the fall and winter with chronic diarrhœa; hard drinker. Was absent from hospital without permission January 10th, 1849; got drunk and was attacked with cholera on the evening of the same day. Died January 17th.

8. Benjamin Wood, discharged marine, aged about 35, admitted

January 4th, 1849; died January 12th. This man was discovered on the levee, opposite the barracks, in a stage of collapse. Stated that he had been drinking previous to the attack.

9. Patrick Barrett, discharged soldier, aged 35; had been in hospital nearly a year; very intemperate; attacked January 4th, 1849. Died June 11th, of ascites.

10. James Duffes, discharged soldier, aged 48; drunkard. Admitted February 4th, 1849. For duty February 23d.

11.—Edward Tracy, private, Company "K," 8th Infantry, aged 23, attacked March 18, 1849. He was hospital attendant; generally a sober, steady man, and attentive to duty. He went to town on pass on the 16th and got drunk, but did not complain of illness until the 18th, though not well on the 17th. Died on the 19th.

12.—John Wright, citizen, aged about 32, a decent looking stranger, was received into hospital in the stage of collapse, March 23d, 1849, and died in a few hours. Habits unknown.

13.—Timothy Connor, private, Company "B," 4th Infantry, aged about 32. This man was a deserter; was brought to the post drunk on the 23d April, 1849, and confined in the guard-house; brought to hospital on the 24th in the stage of collapse; died on the 25th.

14.—Hugh McKenna, recruit, aged about 47, attacked May 3d, 1849; died June 4th, of debility. A great drunkard.

The above list comprises every case of cholera admitted or occurring in this hospital during the epidemic.

July 5, 1849. Hospital broken up by order from head-quarters of the Western Division, and the garrison, sick, &c., directed to repair to Pascagoula for the summer, as the yellow fever prevailed in New Orleans in 1847 and 1848, and was expected this summer more than ever on account of the inundation. Mem. Yellow fever prevailed in New Orleans in 1849, as had been predicted.

It is seen that drunkenness was the exciting cause of cholera in almost every case. From necessity, the greater number of cholera cases were placed in the wards with other patients, but not a single person, patient or attendant, contracted the disease. No one, physician, steward, or nurse, contracted the disease during the whole epidemic, for not one of them had it excepting Tracy. See case 11.

The case of John Wright is a marked one. This man, decent in appearance, with his brother, came from the State of Indiana, descending the Wabash, the Ohio and the Mississippi to New Orleans, in a flat-boat laden with corn, the produce of their farm. Finding the

cholera in New Orleans, they were anxious for a market, and finally disposed of their cargo to a French gentleman not a bow-shot from the garrison. But the patient was seized with cholera on the spot, almost during the business transaction, and was in the state of collapse before the alarm was given. Whether John Wright contracted cholera on his passage down the Mississippi River, or while remaining at the wharves at New Orleans, is not known, nor is it material to determine. When taken with the disease he was accommodated in the gentleman's kitchen, and several of the servants were exposed to contagion—if cholera be really contagious. Application was made for the admission of the sick man into the U. S. Hospital, which was granted as a matter of course, the gentleman fearing contagion among his servants, and the medical officers of the hospital having no such fears. Not a single servant at the gentleman's residence had cholera in consequence of this exposure. At the hospital the steward, attendants, Assistant Surgeon Sloan and myself were abundantly exposed, but not a single person had cholera in consequence.

Assuming that cholera is contagious, Hugh McKenna and Betebe-ner (cases 5, 6 and 14) would have communicated the disease to the whole garrison. Timothy Connor (case 13) should have given cholera to the whole guard, and through them to the garrison. Not a single case of cholera came to the hospital but twenty or thirty persons were unavoidably exposed, and if the disease be contagious, it appears incredible that so great a number of exposed persons should escape; that not a single one, in fact, should contract it. So far I have seen nothing to favor the popular notion, but the contrary. There is no more ground for believing in the contagiousness of cholera than for believing that epidemic influenza is contagious. Such is my experience, *et experientia docet*.

The opinion of the Medical Council of the N. Y. Board of Health below, seems to be the correct one.

“The cause of this disease exists in the atmosphere, and the whole community are more or less under the influence of this peculiar condition of the atmosphere—and in this way predisposed to the disease. To develop the disease, however, *exciting causes* are necessary, and these are to be found in all those things which have a tendency to disorder the system. With regard to the peculiar condition of the atmosphere which predisposes to the disease, we know nothing. Human skill and agency, therefore, can do nothing in meeting this difficulty. The exciting causes, on the contrary, are in a great measure under our control, and by properly guarding against these, much—

very much may be done in obviating the development and extension of the disease."

Fort Moultrie, S. C.

ART. XIII.—*Medical Experience with Indigenous and Naturalized Plants, Official and Unofficial, by the United States Pharmacopæia.* By R. P. STEVENS, M. D., of Ceres, Pa.

Artemisia absinthium. (Wormwood.) A useful tonic of considerable power in the cure of ague and fever of miasmatic districts. It has in a number of cases, and once in my own, succeeded, where sulph. quinine failed.

Cochlearia armoracia. (Horseradish.) A grateful stimulant in atonic dyspepsia. In this disease I have used it with the most pleasing effects. I have also used it as tonic, in the cure of intermittent fever. In my own person, I prefer it to cinchona, or its alkaloid quinia.

Calamus aromaticus. (Sweet Flag.) After many years' experience with this highly useful stimulant, I give it the preference over all other carminatives. I use it in catarrhal coughs, after the following formula:—B. Fresh calamus sliced, ʒj; sugar-house molasses Oj; boil sufficiently to candy; then pour into shallow moulds. This medicated candy is far superior to Pease's, Jervis's, and all "other cough candies" that I have used.

Cimicifuga racemosa. (Black Cohosh.) I make great use of this plant in the treatment of articular rheumatism. I consider it especially useful where the joints are swollen. My preference is for the saturated tincture. Its powers are much increased by the combined use of iodide of potassium. I have known cases to yield to this combination, which had resisted all other treatment, and where calomel and opium, with guaiacum, had been pushed to the repeated constitutional effect of the mercury. In neuralgia of the uterus, after repeated experiments, I give it a high rank, fully equal to the tinct. of guaiacum of the Dewees formula.

Eupatorium perfoliatum. (Boneset.) I should not speak too highly of this plant, if I should say that I hold it in greater esteem

than any other of our indigenous plants. In the commencement of common colds, it rarely fails, when given in full doses of the decoction, to break up the complaint; and the half-frozen, trembling, coughing, sneezing patient, finds himself happily relieved, from one night's dosing, and the next day ready for his accustomed business.

In epidemic influenza, when combined with Pulvis Doveri, I hardly use any other remedy. This present season, during the prevalence of an influenza, I have prescribed it in over one hundred cases, with the most happy effect.

In the influenza of 1841, '42, (Tyler Gripes, as it was facetiously termed,) I used it with the same happy effect. I consider it especially useful in removing the deep-seated pains and internal soreness, and pain in the bones, which the patient so loudly complains of. In this disease, its diaphoretic and sudorific powers are preferred to its emetic power.

In the first stages of miasmatic fever, I frequently exhibited it, to full emesis, using the decoction, and adding ipecac. if its emetic powers are not speedily enough developed.

In that slight congestion of the hepatic system, which will precede for days, oftentimes, an attack of miasmatic fever, a congestion, frequently attended with acid eructations, and a sense of fulness in the epigastrium, and tenderness on pressure in the right hypochondrium, full emesis will often restore the function of the liver to a healthy state. During ten years' residence in a malarious district, where at first I trusted to calomel and blue mass to relieve myself of these hepatic congestions, I afterwards learned to trust to the virtues of this plant, and almost to consider it for myself a specific.

A cold infusion of it is a useful tonic, and corroborant to the stomach in its debilitated state, during convalescence from remittent and intermittent fevers. A prolonged use of the infusion, has, in a number of instances, succeeded in the cure of Ptyriasis.

To my regard for this plant, full justice would require an *article*, and that is not my present intention.

Frasera Walleri. (Columbo.) In the summer and fall of 1838, emphatically "*the sickly season*" of the Valley of the St. Joseph's of Michigan, owing to the depreciation of western funds cinchona and quinia were not to be obtained, and many practitioners were driven to the forests for their tonics and febrifuges. In the powdered root of the *frasera*, combined with capsicum, I found a highly useful combination, in the treatment of the fevers of that season. Owing to

its bulk, I neglected it in after years, and have not since made trial of it. A cold infusion of it is a grateful tonic in dyspepsia, and debility of the stomach after fevers.

Geranium maculatum. (Cranesbill.) In the treatment of salivation, this is one of the best astringents. From its affording so immediate and decided relief to the severe pain and high irritation attending mercurial ptyalism, I am inclined to consider it as having a sedative action. In chronic diarrhœa, where a vegetable astringent is demanded, it rarely disappoints my expectations. In compound-ing pulvis cretæ, compos, I always use the root of this plant.

Inula Helenium. (Elecampane.) In some cases of profuse catarrhal expectoration from the lungs, I have used a decoction of this plant with benefit.

Juglans cinerea. (Butternut.) The watery extract of the inner bark of the root has proved to be a valuable article in the treatment of chronic constipation of the bowels.

Magnolia glauca. (Cucumber tree.) The fruit of this noble tree, chewed, and the juice thus expressed, I have known to cure the summer complaint; and the dried fruit pulverized, I frequently give to children with diarrhœa, with benefit.

Podophyllum peltatum. (Mandrake.) The root of this plant in powder, combined with calomel, I have long used as a powerful cathartic, in cases of cerebral apoplexy or paralysis, arising from, or attendant with congestion of the liver. My formula is 40 grs. of the finely powdered root, with 10 grs. of calomel. I have known a full bounding pulse, 120 beats in the minute, and demanding, in the opinion of three physicians attending as counsel, immediate and efficient venesection—I say I have known such a pulse, from one dose of this combination, reduced to 80 strokes in the minute, and to be soft, easily compressed, and gradually go down to the usual standard, much to the surprise of the intelligent counsel.

Sanguinaria canadensis. (Bloodroot.) I have derived more benefit from this medicine in the treatment of scarlatina maligna, than any other disease; and I have used it in phthisis pulmonalis, pertussis, pneumonia, bronchitis, hæmoptysis, and rheumatism.

In scarlatina, I exhibit it in full emetic doses, preferring for this purpose a strong decoction. It acts more promptly than ipecac., and is not so depressing as antimony.

It removes the morbid secretions of the mucous membrane, not only of the stomach, but also of the œsophagus and fauces. By its action in this particular, it prepares the system for the exhibition of other remedies, and goes far towards breaking up the morbid impressions of the virus, which causes this fatal malady. In hæmoptysis I have received some marked benefit from it. In phthisis, I have never seen any good effects. In bronchitis, where the secretions are opaque and viscid, it promotes the secretion of mucus; renders it thinner, less opaque, and easier to expectorate.

In catarrh of the mucous membrane of the nares and frontal sinus, in combination with cloves and gum camphor it is a useful errhine. It promotes the discharge of the highly offensive mucus, imparts a pleasing sense of warmth to the whole head, and gives strength to the weak and watery eyes attending this truly distressing malady. It does not possess sternutatory powers in so great degree as hellebore, and is therefore more pleasant to use.

In all diseases of the chest, where I think best to exhibit this plant, I give preference to the tincture after the formula of Prof. Tully.

UNOFFICIAL PLANTS.

Baptisia tinctoria. (Wild Indigo.) The action of this plant in full doses, is that of an emeto-cathartic, producing slight vertigo. In small doses it is laxative and sedative, leaving after its operation a soothing influence upon the bowels. In epidemic dysentery, I have used it in small doses, with a happy effect. Yet, from its being so disagreeable to the taste of patients, I have not made any very extended trials with it.

In the treatment of Epidemics, most practitioners have found some one medicine on which they place more reliance than others; and they have also found, that in treating the same epidemic diseases, but in different seasons, they have had to change their favorite remedies. Old ones failing and new ones succeeding. Agreeably to this experience I found that in an epidemic dysentery of the summer of 1839, arising from miasmatic causes, a decoction of the root of the baptisia succeeded when all other remedies failed: since then I have used it in the same epidemic disease, and evidently having a malarious origin too, but without the same pleasing effect.

Cucumis melo. (Muskmelon.) I have to record one case of that body-distressing, spirit-depressing, and ennui-engendering disease—dyspepsia, as cured by the eating of this delicious summer fruit. It was the patient's only diet—the only diet his stomach would retain for many weeks.

Cypripedium parviflorum. (Yellow ladies' slipper.) This is the "nervine" of the Botanic and Thompsonian Physicians. There are two other varieties of the *cypridium*, *C. ancele* and *C. spectabile*. I do not consider them equal to the *parviflorum* in useful medicinal qualities; certainly they are not equally safe. I have found them, especially when growing in dark swamps, to possess a narcotic quality, which has deterred me from their use, and which has alarmed some of my patients. But the *parviflorum*, when growing upon a light sandy soil,—the oak openings of Michigan for instance—has never exhibited this quality.

In full doses, it is a gentle stimulant, with a decided tendency to the nervous system, and harmonizing its disordered action.

In hysteria it is a valuable remedy. In pains of the joints following scarlatina, it has proved itself a valuable remedy: I consider it fully equal to the *valerian officinalis*.

PART SECOND.

BIBLIOGRAPHICAL NOTICES.

ART. XIV.—*A Universal Formulary : containing the Methods of preparing and administering Official and other Medicines.* The whole adapted to Physicians and Pharmaceutists. By R. EGLESFIELD GRIFFITH, M. D. Philadelphia, Lea & Blanchard. 1850. 8vo. pp. 567.

The American Medical Formulary : Based upon the United States and British Pharmacopœias. Including also numerous Standard Formula, derived from American and European authorities. Together with the Medical Properties and Uses of Medicines, Poisons, their Antidotes, Tests, &c. ; designed for the Medical and Pharmaceutical Student. By JOHN S. REESE, M. D., Lecturer on Materia Medica and Therapeutics in the Philadelphia Medical Institute, Fellow of the College of Physicians, &c. Philadelphia. Lindsay and Blakiston. 1850. 8vo. pp. 357.

To the advanced student, young practitioner, and pharmacist, these publications must prove of no small degree of value—for a work presenting the peculiar features of these, has long been felt to be a desideratum, and has by each of the above-named classes been anxiously sought for. To the young practitioner this has been peculiarly the case ; for skilled however well he may be in the principles of therapeutics, the uses of medicine, etc., there are minutiae which relate to the forms of prescriptions, etc., etc., which he feels almost wholly unprepared to meet. To such, then, these formularies must prove of great and essential service.

Dr. Griffith's formulary is prefaced by an introduction which

contains tables and observations on the weights and measures employed for pharmaceutical purposes in the United States and in foreign countries, and an explanation or vocabulary of the principal abbreviations, and Latin terms used by physicians in writing prescriptions, followed by observations on the management of the sick room, with rules for the administration of the different classes of medicine. The formulary itself is arranged alphabetically, according to the pharmaceutic names adopted in the United States Pharmacopœia. In each formula, the English names for the articles composing it are used, and the quantities of these ingredients are expressed in words, and not in the usual pharmaceutic signs. This, it will be remembered, is in accordance with the course pursued in France; and Dr. G. believes that it is full time that other countries should follow her example. In the preparation of this volume, we perceive that the author has drawn somewhat extensively upon Renwood's edition of Gray's Supplement, and also upon Mohr and Renwood's Pharmacy, works which possess a well-deserved celebrity, both in this country and in Europe. The various tables which appear in the work add much to its value. To the observations and directions on officinal preparations, is added a short and concise view of the actions of poisons, and also the best means of obviating their effects. In order to facilitate a reference to the contents of the work, copious indices have been prepared, not only to the formula, but to the disease for which they have been advised.

In the preparation of the formulary of Dr. Reese, which is one of the series of the "Medical Practitioners' and Students' Library," the alphabetical order has been pursued; and in it, with a very few unimportant exceptions, every article that has a place in the pharmacopœias of the United States or Great Britain, is described, and its medical properties and uses, as received by standard authorities, is noticed, while in the appendix is a list of some of the more common and useful dietetic preparations; a brief description of poisons, with reference to their treatment, antidotes, and tests; a table of the analysis of the most celebrated natural mineral water of the United States and Europe; a table of the doses of the most important medicines, &c.; all of which, we hesitate not to say, adds much to the interest and value of the work, and will prove very acceptable to the reader.

Thus it will be seen that these works are well adapted to supply the actual wants of a numerous and varied class of persons, and who will, we doubt not, appreciate them in that sense which they de-

serve to be. The typographical execution of each is excellent; and to their publishers, the profession at large owe their thanks for the enterprising spirit with which they have been brought forth.

ART. XV.—*The Diseases of Females : including those of Pregnancy and Childbed.* By FLEETWOOD CHURCHILL, M. D.; author of "The Theory and Practice of Midwifery," and "Diseases of Children," &c. A new American edition, by the Author. With the Notes of ROBERT M. HUSTON, M. D., Professor of Materia Medica and General Therapeutics, and formerly of Obstetrics, and the Diseases of Women and Children, in the Jefferson Medical College of Philadelphia, etc., etc. Philadelphia. Lea & Blanchard. 1850. 8vo. pp. 632.

We have been led to believe, from actual observation, that there exists a real necessity among the great mass of physicians, for a more thorough practical acquaintance with many of the principles of practice, true pathological deductions, and accurate therapeutical observations set forth in certain portions of this work of Dr. Churchill. Uterine pathology and therapeutics have of late met with rapid advancements and improvements; and all this, too, from the revival of ancient means of physical diagnosis. From Paulus Ægineta we have very clear evidence, as early as his time, that the dioptra (speculum) was in use. To Recamier, however, we must give the credit of reviving in practice the use of this instrument. He was soon followed by M. M. Ricord, Emery, Gendrin, and others of the French hospitals, to whom, with many others of recent date, we must attribute the successful introduction of this instrument into use, and the resuscitation of the means for obtaining a kind of knowledge which had for a long time been a desideratum in uterine pathology. If by means of the stethoscope, through improved physical diagnosis, the circulatory and respiratory systems have been made to reveal their hidden abnormal actions, certainly by the use of the speculum, through improved physical diagnosis, the mysteries of uterine pathology, "leucorrhœa," "uterine irritation," and "falling of the womb," etc., etc., have been unravelled.

In the progress of any science or art, there are periods of time when real improvements are made—improvements, too, which if duly recognized and carefully acted upon, lead to results of no small degree of certainty. In medicine, in all its branches, we see this

clearly exemplified; and nowhere with greater force than in the department of uterine pathology. Previous to the commencement of the present century, very little was known of the pathological anatomy proper, of the uterine system. In 1814, Sir C. M. Clarke published the first part of his invaluable "Observations on those diseases of females which are attended by discharges." In this work the attempt is made to base a more correct knowledge of pathological lesion and treatment upon an accurate classification of the discharges. This, so far as we know, is the first attempt at a systematic classification of the diseases of the uterine system upon pathological principles. As however he did not recognize the value or adopt the use of the speculum in practice, his opinions, as well as those who followed the principles therein taught, were in reference to the real character of many of the lesions giving rise to certain discharges merely inferential; they could only be as accurate as digital examinations, etc., etc., could make them. A great step, however, was gained, when the importance of this mode of investigation was recognized in practice; and it only failed of leading to correct knowledge, because of its inadequacy. It requires but a limited amount of experience, to show every practitioner that simple ulceration of the os or cervix uteri cannot generally be recognized alone by the sense of touch. Herein is found a powerful argument for the necessity of the use of the speculum, in the simplest yet most frequent disease with which the married female becomes affected. But it will hardly be conceived necessary for us, at this late period of the day, to enter into any attempt to prove the necessity for speculum examinations in any of the varied uterine lesions which so frequently present themselves to the country as well as the city practitioner. Suffice it to say, that that physician who does not at the present time employ *frequently* the speculum for the detection and diagnosis of uterine lesions, cannot lay claim to a very extensive practical acquaintance or accurate application of the best resources of our art to some of the peculiar maladies of females.

Former editions of this work have been noticed in previous numbers of the Journal. The sentiment of high commendation expressed in those notices, have only to be repeated in this; not from the fact that the profession at large are not aware of the high merits which this work really possesses, but from a desire to see the principles and doctrines therein contained more generally recognized, and more universally carried out in practice.

ART. XVI.—*Dietetical and Medical Hydrology. A Treatise on Baths, including Cold, Sea, Warm, Hot, Vapor, Gas, and Mud Baths : also, on the Watery Regimen, Hydropathy, and Pulmonary Inhalation ; with a description of Bathing in ancient and modern times.* By JOHN BELL, M. D., Member of the American Medical Association, and of the Pennsylvania Medical Society ; Fellow of the College of Physicians of Philadelphia ; formerly Lecturer on the Institutes of Medicine, and on Materia Medica, etc., etc. Philadelphia. Barrington & Haswell. 1850. 8vo. pp. 658.

WE have here presented to us a work which should claim the attention of the general as well as the professional reader. In the history of the literature of medical hydrology, there has been wanting a philosophic and systematic treatise on all the subjects embraced in this volume. The want of such treatise has, we doubt not, led to much of the empiricism which surrounds the therapeutical uses of water. In the language of the author of this volume, it may be easily seen that in the "want of a connected and comprehensive view of the whole subject, may be found one of the causes, at least, of the empirical use of baths of different temperatures, and of the uncertainty of opinion respecting their true character. Each kind of bath was considered too much in itself, and as a consequence, without its due relation to the others. If the cold had been compared with the hot bath, in place of seeking for analogies to their operation in the effects of medicinal agents, a more satisfactory and harmonious doctrine of balneatory hygiene and therapeutics would have resulted." We perceive that in the preparation of this work, Dr. Bell has freely consulted the principal writers who have at different periods written on particular subjects connected with baths, etc., and in doing so, has given us another evidence of the workings of that clear, discriminative, and accurate mind, which has so forcibly marked his previous productions. He has entered somewhat in detail into a description of the several processes and application for bathing among the ancient Romans, and the people of Northern Europe and of the East at the present time, and which description will, we doubt not, be read with no small degree of interest, not only for the sake of the curiosity which surrounds them, but also for the practical bearings which grow out of the alternate use of cold and warm bathing, and the additional processes of friction and shampooing, &c. In that portion which relates to the watery regimen, the true relation of this branch to medicine is indicated, which will, we hesitate not to say,

surprise at first the non-professional reader. On the subject of inhalation there is much that will arrest particularly the attention of physicians, and, we hope, lead to a careful and extended inquiry—such an inquiry as shall lead to more certainty and exactness than at present exists. In conclusion, we wish for this volume a wide-spread and extensive circulation; one that shall be commensurate with its design and merits.

ART. XVII.—*Surgical Anatomy*: By JOSEPH MACLISE, Surgeon. With colored plates. Philadelphia. Lea & Blanchard. 1850. Part 2. 4to. pp. 36. 13 plates.

In this, the second part of Messrs. Lea & Blanchard's edition of Mr. MacLise, some of the most important regions of the human body are described. The execution of the plates (if it were possible to make them so) is superior to part first; and we can hardly see how any surgeon whose means for dissection are not at all times within his reach, can do without them. It is not alone to the surgeon, however, as we intimated in our last notice, that these plates are of value, but the physician also will in them find much that will aid him in examinations of the chest and abdomen, on occasions of doubt and mistrust. We cannot but believe that this series of plates will receive from the profession at large a ready welcome, and an extensive circulation.

ART. XVIII.—*The Druggists' General Receipt Book: Containing Numerous receipts for Patent and Proprietary Medicines, Druggists' Nostrums, &c.*; Factitious Mineral Waters and Powders for preparing them; with a Veterinary Formulary, and Table of Veterinary Materia Medica, etc. etc. By HENRY BEASLEY. Philadelphia. Lindsay & Blakiston. 1850. 8vo. pp. 386.

THIS volume, it will be seen, is intended principally for the use of the druggist and apothecary. To such it must prove of essential value. It contains a very large number of receipts for the various preparations which, under the present state of things, it is absolutely necessary should be kept in every drug store, and which can nowhere else be found. We shall be much surprised if it does not find its way into the hands,—and its use become universal among druggists and apothecaries.

PART THIRD.

FOREIGN MEDICAL RETROSPECT.

ANATOMY AND PHYSIOLOGY.

Relative Position of the Orifices of the Heart to the Parietes of the Chest. By Dr. BELLINGHAM.—*The right auriculo-ventricular orifice* lies behind the centre of the sternum, on a line with the lower margin of the articulation of the cartilages of the fourth ribs with the sternum.

The left auriculo-ventricular orifice lies behind the cartilage of the fourth left rib, near the sternum.

The pulmonary valves are on a line with the space between the cartilages of the second and third ribs, to the left of the sternum, and very close to this bone. In some instances they lie a little lower down, viz., on a line with the junction of the cartilage of the third left rib with the sternum, and immediately under it.

The aortic valves lie behind the sternum, on a line with the junction of the cartilages of the third ribs with the sternum, and towards the left edge of this bone. When the valves of the pulmonary artery are situated lower down, the semilunar valves of the aorta will be lower also, and on a line with the interval between the insertion of the cartilages of the third and fourth ribs.

The free edge of the semilunar valves of the aorta corresponds accurately, M. Gendrin observes, to the base of the pulmonary valves. A line drawn across the inferior margin of the third ribs corresponds to the base of the valves of the pulmonary artery, and to the free border of the aorta valves.

Relative position of the Orifices of the Heart to one another.—The right ventricle ascends higher than the left, and the left ventricle descends lower than the right. Hence the origin of the pulmonary artery is on a plane above that of the aorta.

The pulmonary orifice is the highest up, as well as the most anterior, of all the orifices of the heart. The aortic orifice lies behind it, and on a plane lower down. The left auriculo-ventricular orifice is immediately behind the aortic orifice, but on a plane lower down.

The right auriculo-ventricular orifice is nearly on the same plane as the left, but more anterior.

Relative Position of the Large Vessels to the Parietes.—Aorta.—The ascending portion of the arch of the aorta comes to the right of the sternum, between the cartilages of the second and third ribs. In this part of its course it is within the pericardial sac, and in the dead subject lies at the depth of one inch and a half from the surface, the margin of the right lung and the pericardium being between it and the parietes of the chest. The transverse portion of the arch of the aorta crosses the trachea at the centre of the first bone of the sternum, on a line with the lower margin of the articulation of the cartilages of the first ribs with the sternum, and at a still greater depth from the surface. The arch of the aorta approaches most closely to the parietes at the point at which the arteria innominata comes off; that is, on a line with the junction of the cartilage of the second right rib with the sternum.

Pulmonary artery.—The origin of the pulmonary artery is on a line with the junction of the cartilages of the third ribs with the sternum; the tip of the left auricle resting against its left side; it ascends about two inches before it divides; and a portion of the margin of the vessel here comes to the left of the sternum, between the cartilages of the second and third ribs. The division of the artery is on a line with the upper edge of the cartilage of the second ribs, where they join the sternum, the apex of the pericardial sac being on a line with the junction of the cartilages of the second rib with the sternum, though it is sometimes higher up, and on a line with the cartilage of the first ribs.—*Med. Gaz.*

An Examination of the Ovarian Theory of Menstruation.—This is the title of a paper by Mr. KESTIVEN in the *Lon. Med. Gaz.* (Nov., 1849), the object of which is to inquire how far the ovarian theory can be shown to rest on facts. The author thinks that the reality of the hypothesis yet remains to be established. Facts, he says, do not constitute it other than a plausible and ingenious hypothesis, wanting in the true elements of an inductive theory—in short, an example of the *post, ergo propter*, line of argument.

“The examination, then,” he says, “of the so-called theory failing to exhibit the grounds of other than an ingenious hypothesis, the actual state of our knowledge of the nature of menstruation may be expressed in the following propositions; whence it will appear that the ‘ovarian theory’ has not added much to our previous information:—

- “1. Menstruation is a *periodical* function of the uterus.
- “2. Ovulation is the *constant* function of the ovaries.
- “3. Ova are matured in the ovaries at all ages, but more rapidly during menstrual life.
- “4. Ova are discharged at all periods of female life, in the intervals of, as well as at the time, of menstruation.
- “5. Ovulation and menstruation being often concurrent, indicate

that they are both the result of the attainment of a certain point in the development of the female economy.

"6. The law of periodicity in the one not obtaining in the other, leaves still wanting the inseparable link in the chain of causation whereby menstruation can be shown to be the effect of ovulation.

"7. At the menstrual period, the ovaries experience an extension of the uterine congestion, and become equally with the uterus the seat of increased functional activity.

"8. The menstrual flow is a true hemorrhage, as shown by chemical analysis and by the phenomena of disease."—*Amer. Jour. Med Sci.*

Hearing Independent of the Auditory Nerve.—M. BLANCHET, surgeon to the Deaf and Dumb Asylum of Paris, lately read to the Academy of Medicine, a paper, with the following title: "On the Tactile Impression of the Waves of Sound, and their Transmission to the Encephalic Mass by other Organs besides the Auditory Nerve." The author's statement may be condensed as follows:—The vibrations of elastic bodies which produce sound transmit to our organs, independently of the impression they make on the auditory nerve (auditory sensation), another sensation, to which M. Blanchet has given the name of tactile impression of the waves of sound. The shock which these vibrations communicate to those parts of the organism with which they are placed in connection, is almost identical with the sensations produced by the electric fluid. The organs which have seemed endowed with the greatest sensibility are, the feet, the hands, the upper and lateral parts of the chest, the pubic region in adults, and the epigastrium. The least sensitive part is the head. The sensibility of the feet is more developed with the deaf and blind than with people enjoying all their faculties; and the perception of sound through the hand is more marked with the blind than with the deaf and dumb. The author has ascertained, by numerous experiments, that the nerves of sensation are the only organs of the perception and transmission of the waves of sound. The sonorous vibrations act, therefore, on the nerves of sensation only, differing thereby from the electric fluid, which acts on the nerves, both of sensation and of motion. From these facts M. Blanchet infers, that it is possible to give the deaf and dumb, either affected with blindness or not, a notion of sound, since the auditory nerve is not the only agent of the sonorous waves.—*London Lancet.*

PATHOLOGY AND PRACTICAL MEDICINE.

Wasting of the Cerebral Nerves. By Mr. PARTRIDGE.—Recently Mr. Partridge communicated to the London Pathological Society a preparation which showed a wasting of the second and fifth pairs of cerebral nerves on the left side; it was taken from a man about 40

years of age, who had been under Dr. Todd's care, off and on, during a period of 10 or 12 years.

The patient's first malady was a fit, which produced hemiplegia, and also the loss of sensation on the left side of the face. The hemiplegia gradually disappeared, but the facial palsy remained till death. It affected both roots of the fifth nerve, producing entire loss of sensation on the left side of the face, as far as the median line, and loss of motion in the muscles of mastication on the same side; the wasting of these muscles, and especially of the masseter, gave a curious appearance of *flatness* to the side of the jaw. There did not exist any palsy of the portio dura, and hence the face was not drawn to one side.

After the palsy of the fifth nerve had endured some time, the left eye became inflamed, suppurated, and shrunk in its orbit; but the nodule which represented the collapsed eyeball still moved freely under the influence of its muscles. This state of things continued for some years, during which the man had hemicranial pains, which, from the history of their origin, Dr. Todd was disposed to attribute to syphilis.

On a post-mortem examination the arachnoid at the base of the brain was thickened, and its cavity was obliterated, opposite the left temporal bone, where it adhered forcibly to a much thickened portion of dura mater that involved the trunk of the fifth nerve on the proximal side of the Gasserian ganglion. The nerve itself was wasted, was of a pale gray color, and when examined under the microscope was found to contain only a few imperfect nerve-tubules, and a quantity of fine membranous tissue.

The tuber annulare, and the medulla oblongata on the left side, appeared somewhat flattened and rather smaller than on the opposite side.

The left optic nerve, from the commissure forward to the ocular tubercle, was much wasted in size, and presented the same gray color as the fifth nerve: like that nerve, when submitted to the microscope, it presented only a few traces of nerve-tubules amidst a quantity of membranous tissue. The right optic tract was of its natural color, but appeared much flattened, and measured in breadth one-third less than the tract of the opposite side. The right corpora geniculata, and especially the outer one, were less prominent and smaller than those on the left side.

The tubercula quadrigemina, and the optic thalami on both sides, were quite healthy and of their ordinary dimensions. No effusion or abnormal cavity could be discovered in any part of the brain.

The muscles of the orbit and of the shrunken eyeball were of their usual size, and corresponding with this condition of these muscles, their nerves (including the third) were of the ordinary dimensions, and had their natural appearance.

The facts of this case, taken in their probable sequence and bearings, appear to be as follows:—Syphilitic inflammation and thickening of the membranes of the brain along the transit of the

fifth nerve on the left side, and a consequent pressure on and palsy of that nerve, producing loss of sensation in the left side of the face, and loss of motion in the muscles of mastication on the same side; subsequently, and in consequence of the palsy of the fifth nerve, inflammation, suppuration, and shrinking of the eyeball, and (dependent upon the loss of vision) the wasting and degeneration of the optic nerve on the left side, with a corresponding diminution in the decussating fibres of the *opposite* optic tract, and of their origin in the corpora geniculata. It will be observed that neither the optic thalami nor the corpora quadrigemina had undergone apparent change. The free movement of the orbital muscles accounted for the sound condition of their nerves.—*Med. Gaz.*

On the Occurrence of Variola during the Development of Vaccinia.
By Mr. W. F. BARLOW.—Vaccinia and variola were not rarely seen together when vaccination had been performed during the latent period of small-pox. In such a case Mr. Barlow had observed the vaccine vesicle progress in a perfectly normal manner, until the appearance of the small-pox, which then pursued its course, being either slightly or considerably modified, or not influenced in the least. The vaccinia was sometimes arrested by the variola; on the appearance of the latter the former would become stationary—would wait, as it were, until the small-pox matured, and then undergo the process of suppuration and scabbing simultaneously with that affection. Variola would make its appearance so late as ten days or more after the successful insertion of vaccine lymph; and therefore the practitioner should be very cautious in giving an opinion as to the preventive influence of vaccinia where exposure to variola had occurred. Some cases were related to show the time at which variola might appear during the development of vaccinia, and the influence which seemed to be mutually exerted by those affections, or, as he believed, modifications of one affection. It did not always happen, in the cases under consideration, that the vaccinia had a favorable influence, but, in other instances, the variola was most decidedly modified. Various conclusions had been come to as to the effect of cow-pox on small-pox, where the latter was latent when the former was introduced into the system, but those differences had resulted from the unlike cases which had come under the notice of distinct observers. According to Mr. Barlow, whatever doubt there might be as to the utility of vaccinating after small-pox had appeared, there could be none whatever as to the good of doing so in cases where persons had been exposed to its contagion, and in whom it might be latent; for many observations, besides those which he had made himself, went to show that vaccinia would, even where the appearance of variola was not to be prevented by it, most materially diminish the severity, cut short the course, and lessen the danger of disease. Besides, where people had been exposed to variola, and where they continued to be exposed from day to day, there was no choice left; for exposure was, as he need hardly say, no proof what-

ever of the system being infected. Where numbers were exposed to it together, some caught the disease early, some resisted longer, some would even escape entirely. By concluding that persons were infected when they were not, no end of evils might arise; and it was the duty of the practitioner to vaccinate in all cases previously to the appearance of the small-pox; and, if he could not always prevent that disease by this proceeding, he might have, notwithstanding, the satisfaction of perceiving that he had been the instrument of its obvious mitigation.—*Med. Gaz.*

Conclusions respecting the Paralysis of Infants from Dentition. By Dr. FLIERS of Neusalz.—1. When a child, during the first or second dentition, is suddenly seized with paralysis of one arm, or of the whole side of the body, or is affected in only a part of the same, without any obvious external cause, this is to be considered as a *paralysis from dentition*.

2. An accurate examination of the mouth will confirm the diagnosis; for the teeth will be found firmly compressed within the gums. Generally, the molar teeth are at fault; much more seldom the incisors; at least in those cases, which we have found recorded by various writers, where the situation of the teeth has been given, the molars have almost always been mentioned as in progress of escaping from the gums.

3. The consequence of this dental irritation is obviously an increased sanguineous congestion. In some children, this may extend to the brain, and thus produce convulsions or some cerebral affection; in others, however, the congestion is limited, for some unknown reason, to the external veins, and extends to those which are between the muscles, and even to the vertebral veins and their minutest branches, so that the roots of the brachial nerves are compressed. Hence arises paralysis, which is generally confined to that side where the dental irritation has given rise to congestion.

4. By obviating the venous plethora, the pressure on the roots of the nerves, and consequently the paralysis, are prevented. But, if the congestion be intense and permanent, the pressure may produce partial atrophy of the roots of the nerves, and consequent permanent and incurable paralysis.

5. The application of stimulants to the paralyzed limbs, or even the use of electricity, can produce no effect. Repeated cupping in the neighborhood of the origins of the nerves, scarification of the gums, wrapping the paralyzed limb in flannel, mild purgatives, can alone produce any result.—*Lond. Jour. Med.*, Jan. 1850, from *Jour. für Kinderk.*

Discussion on Enlargement of the Spleen.—The following discussion which took place during the session of the Academy of Medicine of Paris, January 8th, we copy from the London Medical Gazette of January 25.

"After the reading of several letters, M. Piorry rose to answer

some observations contained in the report, read at the last meeting of the Academy, on a work by M. Durand, on Lesions of the Spleen in relation to Intermittent Fever.

"M. Piorry observed, that the objections taken by M. Bousquet to the measurements of the spleen as derived by M. Durand from the employment of the plessimeter, were deduced from microscopic examination, and not from investigations of the size of the organ during life. The argument of M. Bousquet, that M. Lachaise had not found enlargement of the spleen by any means an invariable accompaniment of intermittent fever, M. Piorry disposed of by stating that he had had many patients under his charge who had previously been treated by M. Lachaise, and who stated that they had not been persecuted to ascertain the size of their spleen; and that in all these cases this organ was enlarged.

"M. Piorry also observed, that the theory of the erectile structure of the spleen was not sufficient to explain the facts brought forward by M. Durand. He further denied that the spleen becomes enlarged during digestion, or under the condition of sanguineous plethora.

"M. Piorry stated, as confirming his own and M. Durand's views, that he had met with many cases in which traumatic lesions of the spleen had induced enlargement of that organ, and had been followed by intermittent fever.

"M. Bouillaud expressed regret that M. Piorry had not adduced a series of comparative observations relative to the size of the spleen in the living and in the dead body. M. Bouillaud could not concur in M. Piorry's interpretation of the results of his cases of traumatic lesions of the spleen. M. Bouillaud also objected to the nomenclature of M. Piorry, especially to the term *spleno-macrosie*, as inappropriate and involving erroneous doctrines.

"M. Piorry defended this term, as expressing the distended condition of the spleen, without defining other pathological conditions to which were assigned other terms, e. g. *splenalgie*, *splenhemie*, *spleny-hypertrophie*, &c.

"M. Rochoux observed, that the erectile tissue of the spleen, and its occasional temporary distension, had been established beyond dispute. It had also been proved by experiment that the removal of the spleen was compatible with health. M. Rochoux considered that the part assigned to the spleen by M. Durand was disproved, from the fact that intermittent fever had been frequently seen without enlargement of the spleen; and the reverse, that enlargement of the spleen had been seen without intermittent fever.

"M. Piorry, without reviving the entire discussion, wished to make one observation in reply to M. Rochoux. He did not believe, from his experiments, that the spleen under any circumstances performed the office of an erectile tissue. M. Rochoux had overlooked the fact that, when a tissue becomes erect there invariably results a change in its functions. With reference to certain cases of enlarged spleen referred to by M. Rochoux, M. Piorry regarded the organ as degenerate, not simply hypertrophied."

Pathology of Phlegmasia Dolens. By Prof. MURPHY.—The conclusions to which we have arrived as to the nature of phlegmasia dolens, are—First, that it is essentially an inflammation of veins that have previously become varicose, and have undergone those morbid alterations in their coats and surrounding structures that is so frequently observed in varicose veins. Secondly, that the tendency of this inflammation being to limit itself and become circumscribed, it may be confined to the iliac veins alone, or may extend downwards to their minute branches, or along the crural trunks. It may pass upwards by the inferior cava, a short distance, but seldom passes the emulgent vein. In all these instances the boundary of the inflamed veins is clearly marked. Thus the inferior cava may be engaged, and the emulgent veins perfectly free; the crural or saphena may be inflamed, and the profunda free; and even the uterine branches of the hypogastric vein may be involved in the inflammation, and yet the uterine veins themselves totally escape. Thirdly, the exciting causes of the inflammation may be accidental,—as sudden exposure to the cold, and such like; these will produce inflammation very readily in a structure morbidly susceptible to its influence. So, also, an antecedent inflammation may be an exciting cause, and in this sense inflammation of the uterus or vagina may produce phlegmasia dolens. Fourthly, this inflammation may deviate from its proper course; the effusion of lymph and the coagulation of blood may not prevent the diffusion of pus into the general circulation, and thus phlegmasia dolens may assume the characters, and be followed by the same fatal result, as acute phlebitis; but these cases are exceptions. Phlegmasia dolens does not do so in the majority of instances, nor is it generally a fatal disease.—*Med. Gaz.*

Diseased Bones and the influence of Mercury in their Production. By BRANSBY B. COOPER.—Of the disease of the bones which are said to result as a secondary effect of syphilis, I can only remark that I have for years doubted the truth of the doctrine itself, as I have never known the bones to become diseased unless mercury had been exhibited; and I can hardly bring forward a better proof of this than the fact that, in former times, when such enormous quantities of mercury were given for the cure of syphilitic disease, the affections of the bones were almost as common as syphilis itself; while now, on the contrary, when the employment of mercury has been so judiciously modified, diseases of the osseous system are but of rare occurrence.—*Ibid.*

Idiopathic Inflammation of the Tongue. By Dr. SCHNEIDER.—A strong robust woodsman, after exposure to inclement weather, was seized with sore throat and difficulty of swallowing. These symptoms were neglected by him. In a short time the tongue became so swollen that he was nearly suffocated. Dr. Schneider being summoned to him in great haste, found him in considerable danger. The tongue was of a bluish-red color, and so tumefied as to fill the whole

mouth and protrude beyond the teeth. On the right side the throat was hard and tender to the touch. The pulse was full and quick. The patient was bled to twelve ounces, and sixteen leeches were applied to the throat. These means gave relief; still greater benefit was experienced from a longitudinal incision in the tongue, a quarter of an inch in depth. An antiphlogistic mixture of nitre and Decoct. Althesæ was at the same time employed. Deglutition and speech were restored, but the patient still felt severe pain deeply in the substance of the not yet completely reduced tongue, especially during the deglutition of liquids. A poultice was applied to the painful part for three days, at the end of which time the swelling subsided by the discharge of a considerable quantity of fetid pus, and the cure was rapidly completed.—*Med. Gaz.*, from *Casper's Wochenschrift*.

Hæmatamiasis in an Infant. By W. Nix, M. D.—On Saturday 19th January, a child, thirteen months old, was brought to me in a state of great exhaustion. The parents stated, after a slight cough it threw up a quantity of blood, they supposed about a quart, through the mouth and nose. In less than two hours I visited the child, when I found it sinking, and within a quarter of an hour after I entered the house it expired.

A post-mortem examination on the Friday following was made by Mr. Snow and myself. In the chest, the left lung was slightly congested, the heart flaccid, and a large quantity of fluid in the pericardium. In the abdomen, the stomach had a dark livid appearance, and contained some loose matter. The large intestines and spleen were redder than in health. The other viscera healthy. On the scrotum was a dark livid spot. We removed the diseased parts, and submitted them to Dr. Letheby for analytical examination. Dr. L. opened the stomach, and found three or four ounces of dark grumous blood; and upon carefully washing it out, the villous coat was observed to be dissolved, and several spots of ecchymosis on the remaining coats. The analysis showed slight traces of mercury and oxalic acid, but nothing to account for the great disorganization that had taken place. The above appears to be a case standing almost alone, if arising from natural causes. Dr. West, in his *Lectures upon Diseases of Children*, published in the *MEDICAL GAZETTE*, 1848, p. 1016, says—"Among those diseases too seldom met with for any one person to have what can be called real experience about them, may be mentioned vomiting of blood, occasionally observed in infants and young children."—*Med. Gaz.*

SURGERY AND SURGICAL PATHOLOGY.

Observations on the Treatment of Nævi Materni. By T. B. CURLING, Surgeon to the London Hospital.

"The treatment applicable to nævus must be adapted to its form, according as the growth is cutaneous, or the bright scarlet kind; subcutaneous, or a livid puffy swelling; or mixed, partaking of the

characters of the cutaneous and subcutaneous. Although their external appearance differs considerably, the true structure of the several kinds of *nævus* is essentially the same. In the cutaneous, the progress of the disease is comparatively slow, owing to the resisting texture of the skin; but this part is so much involved, that it is seldom possible to obliterate the growth without the destruction of a superficial layer of the cutis and the formation of a glistening scar. In some instances after inflammation in the part, or more rarely spontaneously, the bright scarlet appearance fades, and the skin gradually assumes its natural hue. But when a cutaneous *nævus* is steadily increasing, we must not calculate on this favorable result. In these cases, if the growth be small, and not very prominent, the best mode of getting rid of it is by the application of a powerful escharotic, as the strong nitric acid. If the *nævus* be of some size, and project, and particularly if it be situated in a part where the areolar tissue is abundant and the skin yielding, as the neck or labium, (which latter is not an uncommon place,) the most effectual plan is to strangle the growth, either singly or in two, four, or many parts, according to the extent or form of the growth. The removal of a *nævus* in this way causes a small scar, but the mark is much less evident than would be expected from the size of the tumor, and, after the lapse of a few months at the growing period, is often barely perceptible. In cases in which the *nævus* is not adapted for tying, owing to its situation on parts which cannot well be destroyed, or where the skin is adherent, the disease may be extirpated by an operation, I believe, suggested by Sir B. Brodie—viz. subcutaneous cauterization. A very small knife—a fine tenotomy one will answer the purpose—is to be introduced through the sound skin at the side of the tumor, and, being passed into its middle, is to be moved about so as to lacerate the morbid tissue in all directions. A fine pointed probe coated with the nitrate of silver is then to be inserted at the small wound, and freely applied to the lacerated part. The application effectually stops the bleeding, which, if not arrested by the pressure of the finger, is generally profuse. It produces inflammation, which leads to obliteration of the *nævus*. It sometimes causes ulceration or a small slough of the part, which more certainly secures the removal of the morbid tissue.

“The treatment of subcutaneous *nævus* must be conducted somewhat differently from the preceding: it spreads more rapidly than the cutaneous, and generally requires to be attacked without delay; yet even this form of *nævus* is sometimes stationary, and, after remaining in an indolent state for some months, may dwindle into a small puffy swelling of no importance. I have occasionally excised from adults a swelling, the progress of which had thus ceased spontaneously. Subcutaneous *nævi* can often be got rid of without destruction of skin, and consequently without any deformity. The principle upon which this is effected, is the excitement of inflammation in the reticular tissue, and its consolidation or obliteration by the effusion of lymph. The chief obstacle to success is the indisposition

of this tissue to inflammatory action. It may be freely cut up, and otherwise actively treated, without more inflammation being excited than is sufficient to repair the mischief and to stop the spreading of the disease for a brief period. Various methods of exciting inflammation are practised: the injection of stimulating fluids; the introduction of setons; the subcutaneous application of the nitrate of silver, &c. The plan of passing numerous setons through the tumor has several advantages. It can be used in all cases and in all situations: its effects can be regulated by the period during which the threads are retained, as well as by moistening them with stimulating liquids. It produces no scar, causes but little suffering, and is a pretty effectual remedy. It occasionally fails, and then other means must be resorted to.

The mixed is a common form of *nævus*, and the most difficult to treat. The subcutaneous portion may be obliterated by the passage of setons; after which the cutaneous will require to be destroyed by escharotics; but as this double process involves a destruction of skin and the formation of a scar, I generally prefer, if the tumor be not of considerable size, having recourse at once to the ligature, as the most certain and effectual treatment. A mixed *nævus* situated on the face may sometimes be advantageously removed by the subcutaneous ligature. In this mode a strong ligature is carried around the base of the tumor, immediately beneath the sound skin at its border, and strangulation of the growth is effected without slough or destruction of the integuments. The subcutaneous part of the *nævus* is effectually destroyed by inflammation and suppuration; and the passage of blood into the cutaneous portion being in a great degree intercepted by constriction of the tissue beneath, this part fades and disappears, whilst the nourishment which it receives from the circulation in the adjoining skin prevents it from perishing. This mode of applying a ligature is applicable to many cases of simple subcutaneous *nævus*. It is less painful than, and in other respects preferable to, the plan sometimes adopted of dividing the skin around the growth before strangulating it with a ligature."—*Med. Gaz.*

Tapping in Spina Bifida.—Dr. NEVINS mentioned to the Liverpool Med. and Path. Society (Dec. 13th, 1849), three cases of *spina bifida* in illustration of the effects of tapping. A gentleman in Dublin, aged 40 years, had the sac punctured when a child, but he did not remember how often. When Dr. Nevins saw the case, the sac had for many years been contracted, and formed nothing but a fold of skin. The canal of the spine was not perfectly closed by bone, but there was no protrusion of the membranes. He enjoyed full health.

Two children at Guy's had been treated in the same way under the care of Dr. W. J. Bliff. One of them, when three weeks old, was tapped, which was repeated eight or nine times, when it died. The other, when four weeks old, was tapped, and the operation was repeated eight or nine times in it. At the end of three or four

months, it was seen, and continued quite well, with the sac contracted.

Dr. DICKENSON had had a child tapped three times for chronic hydrocephalus, but no permanent benefit resulted, and it died at last of pneumonia.

Mr. ELLISON saw the child now before the Society, at the time of its birth, when there was no appearance of the disease, which appeared when it was a few months old. It was then tapped three times without any bad symptoms, but the fluid always re-collected, though pressure was steadily employed.

Mr. BANNER could not see what benefit was likely to result from tapping. He had often seen it employed in cases of spina bifida without advantage.

Mr. ELLIS JONES related the case of an infant whose spina bifida he had tapped. Inflammation and mortification ensued, and the child died.—*Lond. Med. Gaz.*

On the Statistics of the Mortality from Fractures of the Head. By Dr. FRITZE.—The following statistical statements are founded upon the careful observation of 301 cases, by Dr. Fritze, of Nassau.

1. *Results according to the nature of the injury and mode of treatment.*

				Cases.	Rec.	Died.
<i>a. Fissure or fracture without primary affection of brain</i>				39	34	5
				Cases.	Rec.	Died.
No operation on the skull	.	.	.	29	25	4
Removal of fragments	.	.	.	8	7	1
Trephined	.	.	.	2	2	0
				39	34	5
<i>b. Fissure or fracture with primary affection of brain</i>				73	34	39
				Cases.	Rec.	Died.
No operation on the skull	.	.	.	49	25	24
Removal of fragments	.	.	.	4	3	1
Trephined	.	.	.	20	6	14
				73	34	39
<i>c. Fissure or fracture with depression, without primary affection of brain</i>				44	33	11
				Cases.	Rec.	Died.
No operation on the skull	.	.	.	22	21	1
Removal of fragments	.	.	.	9	6	3
Trephined	.	.	.	13	6	7
				44	33	11
<i>d. Fissure or fracture with depression, and with primary affection of brain</i>				145	88	57
				Cases.	Rec.	Died.
No operation on the skull	.	.	.	50	39	11
Removal of fragments	.	.	.	26	14	12
Trephined	.	.	.	69	35	34
				145	88	57
				301	189	112

	Cases.	Rec.	Died.
Thus there were treated without operation	150	110	40
“ “ by removal or elevation of fragments	47	30	17
“ “ by the trephine	104	49	55
	301	189	112
The trephine was employed prophylactically in	16	15	1
“ therapeutically	88	34	54
“ therapeutically in affection of brain without wounds	1	0	1
“ therapeutically in affection of brain with wounds	8	3	5
	113	52	61

Dr. Fritze compares these results of treatment with those derived from the treatment of the cases collected by Blasius and Leisnig. From the comparison, it appears that a greater proportion of recoveries upon the whole occurred in his series of cases than in theirs; but that the results in those cases where the trephine was resorted to, were much more favorable in their cases than in his. This he explains by the fact of all his fatal cases having been the subjects of medico-legal investigation, the whole number that occurred being declared, which was probably not the case with theirs. An impartial and searching criticism of the 112 fatal cases has led the author to the conviction, that, in only 10 of the number, it was possible that trephining, or the earlier resort to this, might have preserved life. But, on the other hand, in 2 of the fatal cases, the operation seemed to be the cause of death; while in 5 of the recoveries it was probably unnecessarily resorted to. The following is the comparative view of the cases:—

BLASIUS.		Cases.	Recoveries.	Per cent.
Without operation		242	83	34.3
Trephine		422	270	64
		664	353	53.2
LEISNIG.		Cases.	Recoveries.	Per cent.
Without operation		260	118	45.4
Trephine or removal of fragments		223	173	77.6
		483	291	60
FRITZE.		Cases.	Recoveries.	Per cent.
Total cases		301	189	62
Without operation		150	110	73.3
Trephine		104	49	47.1
Trephine and removal of fragments		151	79	52.3

2. Results according to age.

Under 15 years of age.		Cases.	Recoveries.	Died.	Per cent. of recoveries.
Without operation		37	30	7	81
Removal of fragments		14	13	1	93
Trephined		18	11	7	61
		69	54	15	
Adults.		Cases.	Recoveries.	Died.	Per cent. of recoveries.
Without operation		113	79	34	70
Removal of fragments		33	17	16	51
Trephined		86	38	48	44
		232	134	98	

Thus the injuries proved less dangerous to the young, and operative interference was seldom required; but when resorted to, the results were more favorable.

3. Results according to sex.

	Cases.	Rec.	Died.	Per cent. of rec.
Men	274	174	100	63.5
Women	26	13	13	50

4. Results according to the seat of injury. A statistical examination of 291 of the cases leads to the result that the minimum of danger exists when the frontal region is the seat of injury; then the vertex; and next the occiput. The danger is the greater, the more extensive the injury is, and the more it traverses the lateral portions of the cranium, towards the basis.

5. Results according to the cause of the injury. From an analysis of 298 cases, in which the nature of the injury is stated, it results that it arose from a blunt instrument in 121, from a fall in 100, from a stone in 31, from a pointed instrument in 12, from a kick of a horse in 12, from a cutting instrument in 13, and from firearms in 9. The following is the proportion in which these different injuries were recovered from, in relation to operative interference:—

	Treated without operation.	Treated by operation.
Cutting instruments	1.1	1
Pointed "	1	2.3
Blunt "	1.5	1
Stone	1.3	1
Falls	1.5	1
Kicks	1	1
Firearms	5	0

Statistics thus confirm what theory would teach us—that the operation of the trephine is successful in proportion as the cause of injury more immediately limits its operation to the part of the skull that is struck, which is most so the case in wounds from pointed bodies, and least so in those from firearms discharged close to the head.—*Brit. and For. Medico-Chirurg. Review*, from *Casper's Wochenschrift*.

Application of Galvano-puncture to the Treatment of Aneurism. By M. PETREQUIN.—M. Petrequin, Professor of Medicine in the School of Medicine at Lyons, read a paper recently before the Academy of Sciences of Paris, on the above subject. The author, after having pointed out the scientific conditions of the method of galvano-puncture applied to the treatment of aneurisms, and having stated the progress it has made since its origin, proceeded to detail the phenomena to which the operation gives rise.

The rigorous observation of these phenomena leads the author to a threefold division of the pathological action of the galvanic pile:—

1. An *electric* action, which excites the cerebro-spinal nervous system, enervates the patient, and subjects him to painful electro-dynamic shocks.

2. A *calorific* action, which produces a combustion of the living tissues, cauterizes, and produces eschars on those parts to which it is applied in sufficient force.

3. A *decomposing* action, which reduces and disaggregates heterogeneous bodies, and separates their elements, to be deposited in different forms.

M. Petrequin pointed out that it is to the latter action that the utility of galvano-puncture in aneurism is to be attributed. In order to obtain a cure, attention must be paid to the direction of the current. The direction must be changed without altering their nature: care must be taken that the one does not redissolve what the other has coagulated. The application must be so managed that in various directions a multitude of concretions or filaments may be produced, forming a net-work or tissue in the midst of the blood on which the whole shall coagulate. The entire solidification of the aneurism will then follow. The operation occupies only from twelve to twenty minutes.—*Med. Gaz.*

On the Constitutional Treatment of Chancre. By BRANSBY B. COOPER.—I have laid it down as a principle, whenever the plan could be adopted, to attempt the cure of a chancre constitutionally by the exhibition of mercury, without the aid of any local application, and this for the reasons which I have already stated; but it is not always that I have been enabled to carry out this plan. A syphilitic sore, as well as one of any other character, may assume an irritable phagedenic, or gangrenous condition; under which circumstances it would be necessary to subdue those actions, both by local and constitutional remedies, before mercury could be given to act upon the specific character of the sore.

Irritable Chancre.—This form of syphilitic sore is indicated by great sensitiveness to the touch, tendency to bleed, and by glassy and exuberant granulations, the whole sore being surrounded by an inflamed areola. Opium is the best remedy to be employed in these cases, but it must be given in repeated doses: at the same time, the nitrate of silver should be applied to the surface of the sore. If, after this treatment, the irritability be subdued, but the peculiar induration of a syphilitic sore still remain, mercury must be administered, in the same manner as in a case in which the irritable condition had never existed. In some instances of irritable chancre, where I have combined calomel with the opium, for the purpose of preventing the constipating effect of the narcotic, I have found this combination not only equally efficacious with the opium alone in curing the irritability, but at the same time it cures the syphilitic character of the sore, and have even found its continuance after the irritable symptoms had been relieved sufficient to complete the removal of the syphilitic character also. This plan cannot, however, always be adopted, as certain constitutions are so extremely susceptible to the purgative influence of calomel.

Phagedenic Chancre.—This is closely related to the kind of

chancere I have just described ; but, instead of being characterized by extreme sensitiveness of surface, it is marked by the rapidity with which it ulcerates ; so that the increase of the sore surface is the source of action in such cases. Having first well opened the bowels, to make sure that there is no accumulation of fæces in the intestinal canal, repeated doses of opium are to be given, and soothing fomentations applied to the sore. Should the vital powers of the patient be depressed, bark, ammonia, and even a little wine, may be safely and judiciously prescribed ; but if, on the contrary, the condition of the sore is at all referable to a plethoric state of the system, antiphlogistic means must be adopted ; and, should not such constitutional treatment prove effective in checking the progress of the ulceration, I am in the habit of applying concentrated nitric acid, which I have rarely found to fail in these cases. I lately attended a case with Mr. Parrot, jr., of Clapham, who had carried the use of sedatives and tonics to the fullest extent, paying due attention at the same time to the state of the bowels, without being able, however, to check the progress of the disease. One application of nitric acid by the point of a glass rod proved sufficient to check the ulceration ; and, under the subsequent exhibition of mercury, the patient recovered.

Gangrenous Chancre.—This form of chancre is to be treated much in the same manner as any other gangrenous sore, depending as it does more frequently upon constitutional than upon local causes. The first object should be to secure the free evacuation of the bowels ; stimulating poultices should be applied immediately on the sore, such as black wash, nitric acid lotion, or stale beer grounds, the patient being kept in the recumbent posture. Ammonia, bark, or serpentaria, with wine or porter, are usually indicated ; although in some few cases I have met with gangrenous chancres in persons with such a temperament as to preclude the propriety of the exhibition of stimuli, and which have, indeed, required sudorifics and opiates, uncombined with the latter class of medicines.—*Med. Gaz.*

Extensive Fracture of the Femur without Symptoms.—During the session of the Academy of Medicine of Paris of Oct. 6th, M. Huguier exhibited an interesting specimen of fracture of the femur, in a woman aged 64 years, produced by a fall. The neck of the bone was broken both within and without the capsule ; the great trochanter was fractured at its base, and completely detached from the rest of the bone. During life there was not one symptom by which these injuries could be detected. The patient died of apoplexy a few hours after the accident.—*Ibid.*

Case of Simultaneous Ligation of the Primitive Carotid Artery and Pneumogastric Nerve, by M. Chassaignac. (Translated from the Gaz. de Hôp., by Dr. W. VAN BUREN.)—A woman with a carcinomatous tumor involving the tonsil, velum palate, and part of the walls of the pharynx of the left side, had passed through the hands of Vel-

peau without being subjected to any operation, when the surgeon above named concluded to attempt its removal, together with a portion of the upper jaw, and fearing uncontrollable hæmorrhage, placed a ligature upon the carotid artery before commencing the main operation. He experienced some difficulty in tying the artery, owing to the vicinity of enlarged lymphatic glands from the cancerous disease, one of which he was obliged to remove entirely before he could effect the ligature. After this the tumor was removed without further difficulty, and the patient did well, with the exception of entire loss of voice after the ligature of the artery, until the third week, when she died—with what symptoms is not stated farther. The operation was done on the 16th August; the ligature separated on the fifteenth day, and six days afterwards, on the 6th of September, she died.

On autopsy the tumor was found to have been entirely removed, and the parts in a state of reparation. The enlarged glands along the course of the carotid had disappeared entirely, showing that their increase of size was the result of irritation, and not of carcinomatous degeneration. In the anterior mediastinum about three inches below the top of the sternum, was an abscess, which was regarded by Chassaignac as metastatic, and by Massionneuve as the result of infiltration from the wound made in tying the carotid.

At the summit of the left lung were several large caverns entirely cicatrized, and also some recently softened tuberculous masses. There was also a tuberculous abscess at the root of the bronchæ of the right lung. The trachea, as well as the bronchæ, were full of purulent matter. The larynx was perfectly healthy, and the loss of voice during life was owing to no lesion discoverable here. The carotid artery presented the appearances usually observed after ligature. "The pneumogastric nerve," says M. Chassaignac, "presented a solution of its continuity. As the ligature had fallen seven days previously, and ulceration had been going on in the wound, I am somewhat doubtful as to the cause of this interruption in the continuity of the nerve. Was it cut unwittingly at the time the enlarged lymphatic gland was removed from around the sheath of the artery? or was it included in the ligature with the artery? However this may be, it seems certain that in this case the aphonia was the result of the division of the nerve; and also, a most interesting fact, that the ligature of the carotid artery at the same moment with the (division) interruption in the functions of a pneumogastric nerve, was followed by no appreciable disturbance in the brain, no suffocation, and no disorder in the lung which could be attributed to it, and no derangement of the digestive function."

MIDWIFERY AND DISEASES OF FEMALES.

On the Causes of Endemic Puerperal Fever.—There are three lying-in departments in the General Hospital of Vienna, to one of which strangers are not admitted. Of the other two, one is devoted to the in-

struction of medical men and midwives, the second to that of midwives only. On an average there are in each department, from 250 to 300 deliveries per month. In that to which the midwives, exclusively, are attached, the mortality has usually been from 7 to 9 per month; whilst in that to which both the latter and male students belong, the mortality has generally been 30 per month, and has reached as high as 70 in the same time. The medical men receive their clinical instruction from the dead body of some female, on whom they perform obstetrical operations, whilst the midwives make use of the leather mannikin.

The great mortality on the side first mentioned, induced the government to institute an inquiry into the cause. The number of students in attendance was reduced from 40 to 30, without any decrease in the ratio of mortality. It was ascertained that, in other countries, where two departments similarly organized existed, the number of fatal cases was much greater where men were the attendants, than where midwives had charge. The author seems to have satisfied himself that this difference is not due to the greater delicacy with which the women manipulate, but to their greater cleanliness, and to their never having to handle the dead body, as the male students did, in dissecting, making autopsies and learning the practical part of obstetrical surgery on the cadaver. Dr. Lemelweiss recommended all students attending his division of the Lying-in-Hospital, not to handle dead matter, or if they did so, not to make an examination till the following day. And he directed every student to wash his hands in chlorine water prior to and after every examination made on the living subject. The result was that the number of deaths was reduced from 30 per month to 7—the usual average mortality when midwives only were employed.—*Medical Times*.

Expulsion of a Fœtus by the Mouth (?)—The Spanish journals report the case of a woman who, during the second stage of yellow fever, vomited, with great difficulty, a substance which proved to be the body of a fœtus of four months, perfectly developed: this was followed after a few minutes by the placenta. The patient died the next day. The autopsy discovered the uterus much increased in size, and between the vagina and uterus an abnormal cavity communicating with the intestine by an opening four inches in diameter.—*L'Union Médicale*.

Treatment of Phlegmesia Dolens. BY PROF. MURPHY.—The treatment must be governed by the effect produced by the attack on the constitution. If the patient be plethoric, the pulse firm, and but little constitutional irritability present, *depletion* may be employed with more boldness, but even here local depletion is always to be preferred: thirty or forty leeches applied directly over the veins and lymphatic glands will sometimes cut short the attack. If the constitution, however, be much under its influence, and the symptoms of its irritation be prominent, depletion must be used with great caution; eight or ten leeches applied in the same situation, and repeated

from time to time, is much safer than a larger number applied at once. It is better, also, not to adopt the practice of encouraging the bleeding afterwards; or, in other words, by means of fomentations establishing a drain from the bleeding vessels: a constant trickling of blood produced in this way often causes greater depression than a large quantity of blood taken at once: if, therefore, we fear a large depletion, lest it might be followed by such an effect, we must take care to avoid producing it in a different manner. *Mercury* is a medicine of great value in this form of inflammation, not carried to the extent of salivation, but merely to affect the gums slightly. If persevered in too far, the powers of the constitution sink under it, and the medicine acts rather as poison, but if moderately used it is highly beneficial. *Opium* should be combined with it, and the proportion of opium increased just as the constitution gives evidence of irritability. In this, as in all other instances where exhaustion and consequent irritability of the nervous system is present, opium is invaluable. In this disease both medicines may be given in moderate proportions. *Antimony* is sometimes exhibited with advantage. In plethoric habits, where a large depletion is indicated, but with whom, nevertheless, it is not desirable to diminish much the quantity of blood that is circulating, tartar emetic may be administered, either in nauseating doses, or in combination with saline aperients. In feeble constitutions antimonial powder may be substituted. *Purgatives* should be given with caution. The state of the bowels is very variable: sometimes they are constipated; in other instances the patient is attacked with diarrhœa; the evacuations, also, are frequently very offensive: purgatives are, of course, only indicated when the former condition exists, but even here it is better to relieve the bowels by warm emollient enamatata than by active cathartics. Avoid every source of irritation in the immediate neighborhood of so serious an inflammation: an active catharsis may rekindle an inflammation which was about to subside. Locally, besides depletion, counter-irritation has been found very serviceable. Mr. Sankey has found *blisters*, applied over the most painful part, and repeated every two or three days, of great use. *Turpentine* fomentations have also been employed with great advantage. During this stage the diet should be mild and unirritating; a milk diet, sago, arrow-root, tea and toast, with barley water if there be any thirst: a diet of this character may be selected according to the taste of the patient. In the second stage, when the inflammation begins to subside, the tenderness to diminish, and the limb to pit on pressure, a more nutritious diet is required. *Tonics* are also indicated, and quinine, with sulphuric acid, may be given freely in any bitter infusion. In order to reduce the size of the limb, and to promote absorption, frictions and bandaging are extremely useful: it may be rubbed with soap liniment, or the mercurial ointment diluted, and a bandage carefully applied from the toe upwards. When the inflammation is on its decline, this is easily effected: in fact, the absorption may be too rapid, and the venous circulation loaded with more than it can dispose of: to relieve this, and to pro-

mote an equally rapid excretion, it is necessary to excite the action of the kidneys, and therefore diuretics are essential while absorption is going forward. The bandage should be retained for some time after the size of the limb has been reduced, because it is necessary to recollect that the principal trunks that convey the blood returning to the heart are obstructed: and hence the anastomosing veins are over-distended in their effort to supply their place: the superficial veins become varicose, and, if not supported, may remain so permanently. By these means venous inflammation of this character may generally be subdued. It has happened, however, in spite of the best directed treatment, that phlegmesia dolens has been fatal. Death has taken place quite suddenly in some instances, even when there was a favorable prospect of the patient's recovery. In other cases the blood evidently became poisoned: the inflammation was diffused, collections of pus were found in distant parts, and the patient died with the symptoms of toxæmic phlebitis.—*Med. Gaz.*

On the Detection of Intra-uterine Polypi. By Prof. SIMPSON.—In 1844, in a communication laid before the Medico-Chirurgical Society of Edinburgh, I proposed a means of safely opening up the cavity of the cervix and body of the uterus, to such an extent as might enable us to introduce a finger into the uterine cavity, for the purpose of diagnosis and operation in this and other diseased states of the organ. The means described consisted in the introduction of sponge-tents into the os and cavity of the uterus, so as gradually to dilate these parts to the degree required. For several years past I have been constantly employing this means of dilatation of the uterine os and cavity, for a variety of purposes and indications. The sponge-tents used by myself and my professional brethren in Edinburgh are manufactured by Duncan, Flockhart and Co. They are of a narrow conical or pyramidal form; and used of many different sizes and lengths, according to the object in view. These tents are made by dipping a piece of sponge in a strong solution of gum-arabic—tying and compressing this sponge around a central wire, as its axis, into the required conical form, by a continuous layer of whip-cord, drying it thoroughly, removing the cord, and subsequently slightly coating the surface of the tent with tallow, or axunge and wax, to facilitate its introduction. The central wire passes only for half an inch or an inch into the base of the cone, and the opening left by it serves as an aperture to transfix the tent with the tip of the metallic director, used for guiding and introducing the tents through the os uteri. They are introduced like the uterine sound or the catheter; the handle of the metallic director, with the sponge affixed to it, is held and manipulated with the left hand, while the fore-finger of the right hand touches the os uteri, in order to guide and direct the apex of the tent into that opening. The old form of sponge-tents used by surgeons, and made of sponge steeped in preparations of wax, required for their expansion and development the aid of heat, in order to dissolve their retaining ingredient. The tent I have des-

cribed, made by steeping sponge in a solution of gum, requires moisture, and not heat, for the solution of its retaining material, and for the expansion of the sponge. Very generally the secretions of the surrounding mucous canal affords a sufficient quantity of moisture for these two purposes; but if not, a small quantity of tepid water may be injected from time to time into the vagina. Usually a well-made tent takes twenty or thirty hours to expand to its full extent in the os uteri, and dilates to four or five times the diameter it presented in its original compressed state. Generally the first tent opens up the os and cavity of the cervix, and allows the finger ample space to examine sufficiently its contents, and the state of its parietes. If it is necessary to open the uterine cavity higher, to enable the finger to pass into the cavity of the body of the organ, a succession of tents is usually required; and they must be passed completely through the os internum or narrow portion, lying between the cavity of the cervix and cavity of the body of the organ. The use of these tents for a day, generally, as I have already stated, dilates the os uteri and cavity of the cervix sufficiently; and the employment of the sponge is accompanied with little or no feeling of uneasiness. When it is necessary to examine the state and conditions of the interior of the cavity of the body of the organ, the persevering use of a series of larger and larger tents for several days is usually requisite; and the dilatation of the os internum and body of the organ sometimes, but not always, causes a feeling of uneasiness and pain, that may require the use of an opiate. I have omitted to state that the tent is always prepared with a string affixed to its base, to allow of its easy removal. In using sponge-tents, it should be remembered, that when sponge is in contact with the maternal passage for some hours, it always exhales, when removed, a very fetid odor.

For dilatation of the unimpregnated os uteri, the tent should be selected as regularly conical as possible; and with the apex neither too blunt and rounded to pass the os, nor too slender and flexible so as to double back in the attempt. The spirally-grooved surface of the tent, resulting from the compression of it by the whip-cord during its manufacture, tends to retain it *in situ* till its expansion commences. It, perhaps, ought to be added, that the introduction of the sponge-tent into the os and cavity of the uterus should be effected without the speculum. The sense of touch serves, in this and some other analogous operations, infinitely better than the sense of sight.

By the use of sponge-tents introduced daily, and of increasing size and length, we may reach a polypus when affixed and sessile even upon the fundus uteri.—*Eding. Month. Jour.*

On the Treatment of Mammary Abscess.—Mr. NUNN read a paper recently before the Westminster Med. Society on mammary abscess. He condemned the common plan of treatment by poultices, cold applications, and leeches, and described his own plan, which consisted in confining the patient to the horizontal position, in preventing, by every possible precaution, any extraneous irritation of the inflamed organ,

in enveloping the breast in mercurial ointment spread on thin linen, and to cover this with a tepid poultice. In cases, when the horizontal position cannot be maintained, the gland should be supported by a suitable bandage. After the constitutional irritation, inseparable from an attack of inflammation, has been allayed by a brisk purgative, effervescing salines and proper regimen, the state of the pulse should be most jealously watched, and the proper moment for the administration of tonic medicines carefully looked for; wine and stimulating articles of diet should be allowed only with great caution. In the majority of cases Mr. Nunn is of opinion that, after the first day or two, the patient is more in need of bark and ammonia, quinine and iron, than depletive drugs. The strength of the mercurial application should be adapted to the condition and natural texture of the skin covering the gland. In some instances the ung. hydrarg. fort. will not be found too powerful; in others it will be necessary to dilute it with an equal proportion of ceratum resinæ. A combination of the extract of belladonna, hyoscyamus or opium, in the proportion of ʒi. to the ʒi. of ointment, will be most effectual in allaying the intense agony frequently complained of. The leading idea in treating mammary inflammation should be the prevention of suppuration; when that cannot be avoided, the rendering it as circumscribed as possible. He was opposed to large incisions of mammary abscess, and thought the practice of laying open extensive sinuses of the breast uncalled for. The tissue of the gland, he averred, should not be cut, and he quoted the authority of Dr. Gibson, of Philadelphia, to show that sinuses may be obliterated by pressure.—*Med. Gaz.*

Discussion on Displacements and Congestions of the Uterus.—At the sitting of the Academy of Medicine of Paris of the 9th of October last, a very interesting discussion occurred, in which some novel and striking opinions on the subject of Uterine Pathology, and the treatment of Uterine disease were announced by several of the most eminent surgeons of the capital. The origin of the discussion was upon the merits of a Memoir of a M. Baud, on "a new method of curing displacements and congestions of the Uterus," in which M. B. accuses his preceptor Lisfranc of attributing all chronic diseases of the womb to inflammation in the first place, and to subsequent congestion and chronic enlargement as a consequence of the inflammation—Lisfranc having been led into this error, as M. Baud considers it, by following out, involuntarily, the physiological doctrines of Broussais—that is, by attributing every derangement of function of an organ to an inflammation of its tissue. On the contrary, M. Baud contends that all diseases of the womb originate in a derangement of the general health—even displacements and deviations of the organ; and that the proper mode of treating diseases of the uterus, is by remedies addressed to the general condition of the system. He admits that displacements sometimes persist, however, in spite of general treatment, and has invented an instrument (analogous to Simpson's sound) for remedying that sort of displacement which he considers most common, viz. anteversion.

M. HERVEZ DE CHEGOIN agrees with the author of the memoir in the main, but considers him rather exclusive in his views. He believes that many diseases of the womb are consequent upon deranged general health, and that this organ participates in the debility, as well as in the morbid nervous excitability of the system at large; and that displacements of the uterus, as well as the severe and intractable neuralgic uterine pains, often get well under the influence of appropriate hygienic and medicinal treatment, without the employment of any local means.

M. GIBERT thinks that the subject is one of deep importance. He considers that the exaggerated importance ascribed to certain trifling lesions of the uterus, by some celebrated surgeons of the present day, and the disproportionately severe means which they recommend as remedies, in the way of caustics, the knife, and the red-hot iron, constituted one of the curious episodes in the surgery of the present generation. He believes that much injury has been done by this mistaken view of the case, and that it is a matter of much more importance to counteract the lymphatic, scrofulous, or syphilitic habit of a patient, which solely keeps up the uterine disease. He thinks that we ought to endeavor to reduce to their exact value the assertions of those surgeons who, having made for themselves a speciality by means of uterine pathology, naturally attach an exaggerated degree of importance to all the uterine lesions that they discover.

M. VELPEAU also considers the subject one of the highest importance. He actually doubts the existence of such a disease as *simple chronic congestion of the uterus*; he has been looking for a specimen of the disease in the dead-house for the last fifteen years, and as yet has not seen a solitary instance. He is well aware that in the living body any thing can be seen that is desired. How then is it, that such a host of practitioners are continually treating this disease? he asks. If congestions are rare, or imaginary displacements to the right, or to the left are *very frequent*, as are also *anteflexions*, and *retroflexions*, and it is these affections, without a doubt, that are taken for chronic congestion.

On the other hand, he recognizes one local disease, for which the local application of the acid nitrate of mercury is as certain a remedy as cinchona bark for intermittent fevers; this is the *granular disease of the cervix uteri*, which is at the bottom of most cases of leucorrhœa, a very common disease, and one which has been too much divided and subdivided by authors. General treatment has little control over this disease, and without proper local applications, it will continue for an indefinite length of time.

M. MALGAIGNE considers that our present views of uterine pathology are founded upon opinion, rather than upon demonstrative evidence, and that they will be mostly overturned in time. As far as opinions are to be valued, he agrees with Velpeau in his views of congestions of the uterus, as far as its body is concerned; with regard to congestions of the cervix, he is disposed to think differently. He thinks that there are cases in which ulceration of the os uteri are

made to play a very important part, when in fact they deserve but very trifling notice. As to the explanation of uterine congestions by the existence of displacements of the organ, he thinks that it is entirely without foundation. He has applied all the pessaries that have been required for a number of years, at the Bureau Central, (the great Dispensary of Paris,) and for three years past has seen a great number of uterine cases at the Hospital of St. Louis, and yet up to the present time, he has never encountered a single case of *retroflexion*, or of *anteflexion*. With regard to *retroversion*, said to be so common, he has seen in his life but two cases of it, and they were in private practice; anteversion he considers the most common of the displacements of the uterus, and believes that it would be more frequently recognized, if patients were always examined in the erect position, before the speculum was introduced.—[*Freely translated and digested from the Transactions of the Académie de Médecine of Paris, as reported in the Abeille Médicale, 15 Oct. 1849. p. 280.*]

Case of Death in Three Minutes, after injecting a solution of Chloride of Soda into the Uterus. By M. BESSEMS. (*Translated from Gaz. des Hôp.*, by Dr. METCALFE.)—A woman 35 years of age, the mother of three children, had an abortion in the 5th month. In the course of this she lost a good deal of blood, and suffered from retention of the placenta. A midwife was called, who endeavored by introducing her hand to remove it. In this she failed. On account of severe hæmorrhage following, in a few days she was admitted into the St. Elizabeth Hospital, Antwerp. On admission, on the 14th October, 1841, her general condition was satisfactory. Nothing was noticed remarkable except the uterus, which was easily recognized by the touch in the hypogastrium. The neck was soft and partly opened. Two fingers could be introduced through it to the placenta, which was attached to the uterine walls. No portion of the after-birth could be removed until the forceps of Levret were used, when a few pieces were withdrawn. There was now scarcely any lochial discharge. For fear of producing irritation, no more attempts were made with instruments. The usual means were resorted to (by which I presume rest, ergot, and astringents internally, are meant), to arrest hæmorrhage and expel the placenta. An injection of tepid water was gently thrown into the uterus. On the 15th, another unsuccessful attempt was made to extract the placental débris. This was followed by an injection of chloride of soda, by means of a gum elastic tube and syringe, into the uterine cavity. Air was carefully excluded from the injection. October 16th. No change. Repeat treatment of the day before. On the night of this day, a considerable hæmorrhage occurred, which ceased by the morning of the 17th at eight o'clock, when the visit was made. The face was blanched somewhat, the pulse small and frequent. The os uteri was still soft and dilated, having a portion of placenta engaged in it. A few pieces more of this were removed. A repetition of the injection with the usual precautions was now made. *Instantly* the wo-

man, who was lying down, sprang up to a sitting posture, stretched out her arms, crying out that she was suffocated. Her head fell back, her eyes were fixed and turned up, and a few convulsive movements about the throat favored the idea that the attack was hysterical; but the respiration became interrupted, the breathing became slower and slower, the woman fell back, the pulse ceased to be felt, and life ceased to exist in three minutes from the time the injection was made. All possible attempts at reanimation failed.

The autopsy was made, very carefully, twenty-eight hours after death. All parts not specially mentioned, were found to be in a state of health. The *uterus* was as large as the fist. Its tissue perfectly healthy: within it was a portion of placenta, partly detached, as large as a small hen's-egg. The *inferior vena cava*—distended—contained several large bubbles of air, plainly visible through its walls. The *heart* was large, and the enlargement was due to its cavities being distended with something highly elastic. The great vessels going to and from it having been tied, the right side of the organ was opened under water, when a considerable quantity of gas mixed with blood escaped. The left heart also contained a few bubbles.

In view of the results furnished by the autopsy, we cannot hesitate in attributing death to the introduction of air into the veins by means of the uterine sinuses. No putrefaction of any tissue was observable; nor was there any trace of air in the veins of those who were examined at this time, more than twenty-eight hours post mortem.

M. Bessems, in whose practice this case occurred, insists on its furnishing an important practical lesson against using uterine injections, when the mouths of the sinuses are still open; notwithstanding that the practice is sanctioned by the highest authorities.

MATERIA MEDICA, THERAPEUTICS, AND PHARMACY.

On the employment of Nitrate of Silver in the Enteritis and Gastro-enteritis of Children. By Dr. Crocq.—Extensive as is the employment of nitrate of silver, observes Dr. Crocq, in the affections of those mucous membranes which are most accessible, it is but little employed, and much less than it merits to be, in affections of the more internal mucous membranes.

Dr. Crocq has employed this remedy with very considerable success in the enteritis of children, a disease which often assumes an obstinate chronic form, and in this state becomes fatal. He at first gave the nitrate in solution, in doses of one-sixteenth of a grain twice a day; this dose was administered to infants at the breast: finding that a larger dose could be safely administered, Dr. Crocq has gradually arrived at the dose of one grain dissolved in water, to which a drop or two of nitric acid is added to insure the solubility of the salt, and to correct the insipidity of flavor. A very marked improvement—frequently a complete cure, follows in forty-eight hours.—*La Presse Médicale*, Brussels.

Pharmaceutical Preparations of Manganese. By Mr. HANNON.
 —*Oxide of Manganese.* This is a very good preparation, especially when obtained by the humid method: it should therefore be made only when it is wanted for use. The best mode of prescribing it is, to add to an ounce of simple syrup, half a drachm or a drachm of the hydrated oxide, with some oily emulsion, to prevent the contact of the air.

Carbonate of Manganese is best prepared by dissolving seventeen ounces of pure crystallized sulphate of manganese, and nineteen ounces of carbonate of soda, in a sufficient quantity of water. Double decomposition takes place; an ounce of syrup is added to every seventeen ounces of the liquid, and the precipitate is allowed to settle, in a well-stopped bottle. The supernatant fluid is then decanted off; the precipitate is washed with sugared water, and allowed to drain on a cloth saturated with simple syrup; it is then expressed, mixed with ten ounces of honey, and rapidly evaporated (the access of air being prevented) to a proper consistence for making pills. The sugar and honey oppose the transformation of carbonate of the protoxide of manganese (*carbonate manganoux* into carbonate of the peroxide (*carbonate manganique*), which is but little soluble in the acids of the stomach. The dose is from four to ten pills, each four grains, every day in chlorotic cases, where iron has not succeeded. The hyperoxidation of the carbonate of manganese may be prevented by adding freshly prepared vegetable charcoal to the pills; it absorbs the carbonic acid, which is disengaged by a partial decomposition, and enables the pharmacist to dispense with the use of mucilage, which only increases the hardness of the mass.

Neutral Malate of Manganese. This is procured by treating carbonate of manganese with malic acid. It is an eligible preparation, as the base of the salt is in the form of protoxide, and the acid is easily digested. The dose is from two to four grains, in pills.

The preparations of manganese have this immense advantage over those of iron, that they can be combined with vegetable tonics and astringents, namely, tannin, and the substances which contain it, as gall-nuts, rhatany, catechu, dragon's blood, kino, monesia, canella, and cinchona. These can all be combined with malate of manganese. *Syrup of malate of manganese* consists of, simple syrup ℥xvi; malate of manganese ℥i; essence of lemon ℥ij: an ounce of syrup contains twenty-nine grains of malate of manganese. *Pills of malate of manganese.* Malate of manganese gr. xv; powder of cinchona gr. xv; honey, a sufficient quantity to make twenty pills. *Lozenges of malate of manganese.* Malate of manganese ℥i; sugar ℥xi; mucilage of tragacanth a sufficient quantity. To be formed into lozenges, each twelve grains in weight; each of which contains a grain of the salt.

Tartrate of manganese is prepared in the same way as the malate, tartaric acid being used. It may be substituted for the malate in all the above mentioned formulæ, and is used to prepare the following highly tonic syrup. Syrup of tolu ℥xvii; extract of rhatany ℥iiss; tartrate of manganese ℥iiss. Dose from four to five spoonfuls daily.

Phosphate of manganese is best prepared by dropping a solution of phosphate of soda into a solution of sulphate of manganese. The precipitate is collected after filtration, dried, and preserved in well-stopped bottles. This preparation may be employed, like the phosphate of iron, in cancerous affections. *Pills of phosphate of manganese.* Phosphate of manganese 3iss; powder of cinchona 3ss; syrup of catechu a sufficient quantity. To be divided into four-grain pills. *Syrup of phosphate of manganese* 3ss; syrup of tolu ℥iii, 3iii; syrup of cinchona ℥v; essence of lemon 3iss; powder of tragacanth gr. x. This preparation must be made quickly, and preserved in a well-stopped bottle. *Lozenges of phosphate of manganese.* Phosphate of manganese ℥i; sugar ℥xii. Mix and divide into twelve-grain lozenges, each containing one grain of the phosphate.

Iodide of Manganese is prepared by digesting recently precipitated carbonate of manganese with fresh hydriodic acid; then filtering, and evaporating, the access of air being prevented. It may more conveniently be prepared extemporaneously, by mixing together an ounce of iodide of potassium, and the same quantity of sulphate of manganese, perfectly dried, and in the state of powder. It is then made into a pill-mass with honey, and divided into pills, each containing four grains of the iodide; which should be kept in a well-stopped bottle. The dose is at first, one pill daily, gradually increased every three days, to six pills; the medicine is then omitted for eight days, after which it is resumed. *Syrup of iodide of manganese* is prepared by adding concentrated hydriotic acid to a drachm of perfectly pure hydrated carbonate of manganese, until it be entirely dissolved; then mixing with the solution seventeen ounces of a syrup of guaiacum and sarsaparilla. Doses, from two to six spoonfuls daily.

In cases where iron has not succeeded, it is desirable not to make a sudden transition to manganese, but to combine the two remedies, as in the following formula. Pure crystallized sulphate of iron ℥xiii; pure sulphate of manganese ℥iiss; pure carbonate of soda ℥xviiss; honey ℥x; syrup, as much as may be sufficient to make a mass, to be divided into four-grain pills. Dose, from two to ten pills daily. The insoluble preparations of manganese should be first used, as the carbonate, phosphate, and oxide; then the more soluble preparations, the tartrate, malate, etc., may be employed. The use of this medicine should not be persevered in so long as that of iron, as its preparations are more rapidly assimilated. Manganese is not, like iron, found in the excrements of persons who take it—at least it is in very small quantity.

In the depraved state of the blood which succeeds intermittent fevers manganese is useful; it is the most certain remedy for preventing a return of the attacks. Leucophlegmasia and engorged spleen, of long duration, are rapidly reduced by the use of iodide of manganese with syrup of cinchona. The preparations of manganese should also be used in urethro-vaginal catarrh in chlorotic patients, and in chronic blennorrhœa, especially in individuals weak-

ened and rendered anæmic by excess. The salts of manganese, with which we are acquainted, are powerfully astringent, and may be used as external applications, in all cases where other astringents are not indicated. In this respect they possess no other peculiarity.—*Rev. Med. Chir. de Paris.*

MISCELLANEA.

Arsenic in Unfermented Bread.—We predicted some time since that accidents would arise from the use of common muriatic acid in making unfermented bread. The following extract is quoted from a letter by Mr. Davis, addressed to the Provincial Journal of December 26th. It comes in the shape of a communication from Dr. Henry, who says—

“My attention was forcibly called to the question of impurities present in the common muriatic acid, by the injurious effects of bread made on the non-fermenting principle, upon my own family and myself. In all, nausea and severe pains in the stomach followed its use (continued for three weeks before discovery); in some, instant vomiting and irregularity of bowels, though not actual diarrhœa; and in one case (my footman), the outbreak of the eczema arsenicale.

“I lost no time in testing the acid for metallic impurities, but, not happening to have any sulphureted hydrogen, could at first detect nothing. When I procured some, I was astonished by its throwing down a dense yellow precipitate, which I at first suspected to be tin (from knowing that the manufacturers also made muriate of tin), but soon discovered to be arsenic.”

It has been long known to English chemists that much of the sulphuric acid sold is largely contaminated with arsenic. It is the sulphuric acid manufactured from pyrites which generally contain arseniuret of iron. Arsenic, therefore, may be thus transferred to nitric acid, muriatic acid, and numerous salts in the preparation of which sulphuric acid is largely employed. It may even find its way into the diluted sulphuric acid used medicinally. Under a proper system of medical police, the sale of this poisoned acid would be strictly prohibited.—*Med. Gaz.*

Prize for the Preparation of Artificial Quinine.—The Société de Pharmacie of Paris offers a prize of 400 francs for the production of artificial quinine—i. e., of the alkaloid, formed without the use of cinchona, or other vegetable containing quinine. If quinine cannot be produced, the prize will be given to the person who exhibits a new vegetable principle, natural or artificial, resembling quinine in all its properties, and capable of being used instead of it in medical practice. All memoirs on the subject to be addressed to the secretary-general of the Société, before the 1st of January, 1851.—*Edinburgh Monthly Journal.*

Umbilical Cord of remarkable length.—Recently before the Westminster Medical Society, Dr. Tyler Smith exhibited a funis, which,

from the attachment to the umbilicus to its insertion into the placenta, was fifty-nine inches and a half in length. The average length of the cord is about eighteen inches; the largest of which he could find an account was in a case of Baudelocque, where the cord measured fifty-seven inches. In Dr. Smith's case, the cord presented, with the head. Such an extraordinary length illustrated one of the causes of funis presentations, and also the power of the fœtal circulation. In this case, including the placenta, the length of the blood-channels beyond the umbilicus was upwards of ten feet, and still longer, considering the spiral arrangement of the umbilical arteries. —*Med. Gaz.*

Mortality in Liverpool during the year 1849.—Dr. Duncan, the medical officer of health, on Thursday submitted to the Health Committee returns from which we extract the following particulars:—The deaths registered in the borough during the 52 weeks ending the 29th of December were 17,046, being 4,500 more than during the previous year, and 3,900 more than the average of the previous five years. Excluding the year 1847, when the Irish fever was epidemic, the deaths last year show an excess of 6,200 above the five years' average; but as compared with the year 1847, they show a decrease of 3,800, the deaths in that year having been not less than 20,850. Of the total number of deaths, 8,400 were males and 8,646 females. The deaths from three zymotic diseases were 8,546, or one-half of the entire mortality. Of this number 5,245 were from cholera, 1,271 from diarrhœa and dysentery, 567 from typhus, 419 from measles, 376 from whooping-cough, 317 from scarlet fever, 113 from croup, 68 from small-pox, 42 from syphilis. The deaths from cholera show an extraordinary proportion of females, for while in the deaths from all causes, exclusive of cholera, there is an excess of more than 5 per cent. of males, the deaths of females from cholera have been 23 per cent. more numerous than those of the female sex. This may, perhaps, in part be owing to the greater exposure of females to the causes of disease, in consequence of their occupation confining them more within or in the immediate neighborhood of their ill-conditioned dwellings. The sudden and violent deaths (on which inquests were held) were 460, of which 316 were males and 144 females. They include—from drowning, 64; burns and scalds, 54; overlain, 30; accidentally killed, 144; accidentally poisoned, 4; wilful murder, 11; manslaughter, 7; excessive drinking, 10; want of food, 5; natural disease, 104; suicides, 27, of which there were by hanging, 9; cutting throat, 8; poison, 3; shooting, 2; jumping from window, 1; *felo de se*, 3.—*Ibid.*

PART FOURTH.

EDITORIAL

AND

AMERICAN MEDICAL RETROSPECT.

DEMONSTRATIVE MIDWIFERY.—We perceive from an editorial in the Buffalo Medical Journal for February, that demonstrative midwifery, or the plan of illustrating obstetrical instruction on the living subject, has recently been introduced into the Buffalo University by the able professor of obstetrics, Dr. J. P. WHITE. From the March number of the same Journal, we see that the propriety and utility of such a course has been called in question by a portion of the profession of the city where it originated. From a careful review of the whole matter, we are satisfied that the exceptions which have been taken to such a course are founded in a partial and mistaken view of the subject. The plan is not a novel one, only so far as relates to this country. In France and Germany it is pursued by distinguished obstetricians. For ourselves we cannot see how any liberal member of our profession can take exceptions to the honorable, high-minded, and judicious course pursued by Prof. White, unless it is upon the score of novelty in practice, which, although it be pregnant with absolute practical utility, always meets with opposition. As illustrating the truth of this latter remark, who does not recollect the bitter persecution which attended the introduction of the stethoscope (not to mention the speculum) into general practice, and the more than bitter persecution which was encountered by the early male-practitioners of obstetrics in this country? We regret to learn that among

the members of our own profession there is even one who retains a mite of the semblance of by-gone days in this respect.

RESIGNATION OF PROF. DICKSON.—It is with regret that we announce to our readers that Prof. S. Henry Dickson has resigned the chair of the Institutes and Practice of Medicine in the Medical Department of the University of the City of New-York, which he has so ably and satisfactorily filled since the death of the late Prof. Revere. Ill health, which has suffered from change of climate, is assigned as the reason. He returns to Charleston, his former residence—to the hearts of his kindred and friends, as well as to the institution which has grown up under his fostering care. The professorship which he held in the Charleston Medical College previous to his removal to this city, will we understand be restored to him. Dr. D., while residing among us, has gained in the affections of the profession that position which the good and wise can only occupy, and in leaving us, will carry with him the good wishes and esteem of many admiring friends.

COMMUNICATION. Case of Hydrocephalus terminating spontaneously in Recovery. By JOHN W. HUBBELL, M. D., of New-York.—Mrs. M—, of 26th-street, was delivered of a small, but healthy-looking child, in the month of May last. Shortly after its birth, an accumulation of water commenced within its cranium, which increased rapidly until October. At this time, the head was full one-half larger than natural—the sutures were separated to the distance of one-quarter of an inch—the child was much emaciated; and altogether, the case seemed so unfavorable that nothing was done for its cure. The death of the child was daily expected.

About the 1st of November, an eruption appeared on the side of the head, and gradually spread over the whole scalp. This kept up a constant and free discharge for the space of two months—the head diminishing in size, and the body increasing. January 1st, there was no disproportion between the size of the head and body. The bones of the cranium had approached each other, but not united. The eruption still continued. February 1st, the sutures had united; the eruption had disappeared. The child was fat, and in every respect healthy. No medication was used at any time.

COMMUNICATION.—[Since the paper of Dr. Lente in this number was worked off, the following report of another case of dislocation of cervical vertebræ was received. We regret that it was received too late to comply with his request.]

Dislocation of Cervical Vertebræ.—John Nestor, 34, Germany, laborer, was admitted into ward 8 of the first surgical department,

with an injury of the cervical portion of the spine, a fracture of the ossa nasi, and severe contusions of back and shoulders.

Patient was assisting at the improvements now going on at the American Museum, when a brick wall fell, and buried him in its ruins; was immediately extricated, and conveyed to the Hospital in a dying condition, and suffering from symptoms of fracture of the neck; complete paralysis of upper and lower extremities; respiration diaphragmatic; nearly pulseless; position and countenance very expressive of the injury. No priapism. Patient was sensible, and lingered for 2 hours in considerable pain, when he died.

Autopsy, 19 hours after death. Carefully removed the cervical portion of the spine with the exception of the atlas, in order to ascertain the precise nature of the injury. Upon dissecting away the soft part, discovered it to be a pure dislocation of the *fifth* from the *sixth* vertebra. The intervertebral fibro-cartilage was torn off from the body of the former, and adhered to the upper surface of the latter, but was partially detached; no scale of bone was torn off. All the ligaments connecting the bodies, the articular, the transverse, and the spinous processes were completely severed, so that the only bonds of union between the two vertebræ are the medulla spinalis, which is uninjured, and the vertebral arteries. There is not the slightest appearance of fracture any where. The complete separation between the two vertebræ was noticed, and examined with the finger, upon exposing the spine posteriorly, before any attempt was made to remove the vertebræ.

PATHOLOGY AND PRACTICAL MEDICINE.

Rupture of the Heart.—Dr. Wislizenus in the February number of the St. Louis Medical and Surgical Journal has reported a case of rupture of the heart, following ulceration of the lining membrane of the left ventricle. The patient, a vigorous and apparently healthy man, aged 63 years, was seized on the 14th of November, 1849, with acute pain in the left breast, which was most intense in the region of the heart. The pulsations of the heart at the time were much stronger than usual. He was much annoyed with a singular pain along the nerves of the arm, and numbness of the fingers of the left side. In the history of the case, there was supposed to exist reasons which led to fear rheumatism of the heart. He died on the fifth day of his illness.

Autopsy twenty-four hours after death.—The features of deceased were as calm and composed, as in sound sleep—death had overtaken him without a struggle, and no doubt as unexpectedly to himself, as to his relatives and to myself. Assisted by Dr. Engelmann, I opened the thorax. The body was very fleshy, with a deep layer of fat below the skin. There was nothing abnormal in the organs of the chest, except the heart. The position of the heart was normal. The pericardium appeared very much distended. On opening it cautiously, we found the whole cavum pericardii filled with coagu-

lated blood, after removing which, we examined, with the same precaution, the heart on the outside, and discovered, very readily, in the forepart and nearly in the middle of the left ventricle, a lengthy fissure, through which the fatal hemorrhage had taken place. The rupture on the outside of the heart was half an inch long, and led, in oblique direction, into the left ventricle. On opening that ventricle, we perceived in its lower half the muscular structure, reddened, somewhat swelled, and softened, and on several points superficially corroded. That disorganization embraced the inside of the ventricle, to the width of an inch all around, and exhibited in its upper part a deeper corroded and funnel-shaped place, which communicated, in oblique direction, with the external fissure. The heart was of normal size; the valves and the large blood vessels were perfectly sound; the muscles of the heart were well developed without being hypertrophied, but in the left ventricle rather more pale and flabby than usual, especially towards the outside, where a good deal of fat was accumulated.

On the Causes of Edematous Laryngitis. By Prof. BARTLETT.—Edematous laryngitis does sometimes occur spontaneously in persons at the time in good health, not suffering at the time with any general or local disease, and without any appreciable determining cause. This, however, is not common. It happened only three or four times in Valleix's 40 cases. In most instances the disease is connected with some general morbid condition or with some local affection.

Local disease in and about the Glottis.—The frequency of this complication has already been stated in describing the anatomical lesions of the disease. These primary affections, acting as determining causes of the edematous laryngitis are thus enumerated by Valleix: 1. Simple inflammation of the laryngo-pharyngeal mucous membrane. 2. Ulceration, acute or chronic, of the larynx, and sometimes of the pharynx. 3. Simple abscess of the pharynx, and sometimes of the larynx. 4. Alterations, more or less profound, of the laryngeal cartilages, with submucous abscesses, or disease of the mucous membrane. 5. In rare instances, inflammation of an organ more remote, such as the tongue.*

Convalescence from Fevers.—The frequent occurrence of edematous laryngitis during convalescence from low fevers was noticed by Bayle, the first historian of the disease. As to the primitive form of this angina, he very truly says, it comes on most frequently during convalescence from febrile diseases of a grave character, such as adynamic or ataxic fevers.† There was an extraordinary frequency of the disease in the New-York Hospital, between the months of December, 1847, and February, 1848. During this period, says Dr. Buck, the season was remarkably rainy and wet, accompanied

* Mem. de l'Acad. Roy. de Med., vol. xi., p. 120.

† Dic. des Sci. Med., vol. xviii., p. 508.

with very little snow, and characterized by the prevalence of erysipelas and typhus fever, as well as an asthenic type in other diseases, both in and out of the hospital.*

The following is a tabular view of the circumstances under which the forty cases, analyzed by Valleix, occurred :

During convalescence from grave fevers,	-	10
During convalescence from pneumonia,	-	4
In the course of erysipelas,	-	1
After scarlet fever,	-	1
After lithotomy,	-	1
During treatment of fracture, with fever,	-	1
During convalescence from cerebral congestion,	-	1
In the course of bronchitis,	-	1
In the course of hypertrophy of the heart,	-	1
In the course of elephantiasis,	-	1
In the course of laryngeal phthisis,	-	9
In the course of cancer of the larynx,	-	1
With syphilis,	-	2
During good health,	-	4
State of health not mentioned,	-	2

Age, Sex, Season.—The following table shows the ages in 36 cases cited by Valleix :

Under 10 years,	-	2
From 10 to 20 years,	-	5
From 20 to 30 "	-	8
From 30 to 40 "	-	4
From 40 to 50 "	-	8
From 50 to 60 "	-	5
From 60 to 70 "	-	3
At 71,	-	1†

The disease is much more common in the male than in the female sex. Of Valleix's 40 cases, 29 occurred amongst males, and 11 amongst females.

It does not appear that season or weather has any very marked influence in the production of the disease. Of 39 cases, mentioned by Valleix, 21 occurred between October and March, and 18 between April and September.‡—*West. Jour. of Med. & Sur.*

Discussion on Cholera Infantum.—The following discussion on Cholera Infantum, which occurred recently in the Philadelphia County Medical Society, we find reported in the last number of the Medical Examiner, from which we quote.

DR. COATES desired to know why Philadelphia was pre-eminent,

* Trans. Amer. Med. Asso., vol. i., p. 135.

† Mem. de l'Acad. Roy. de Med., vol. xi., p. 121.

‡ Mem. de l'Acad. Roy. de Med., vol. xi., p. 123.

among all other cities in the Union, for the mortality that occurred in it from cholera infantum during the second year of infantile life.

DR. DARRACH. New-York, Boston, and Charleston, enjoy sea air, while Philadelphia is enveloped almost uninterruptedly in an atmosphere maintained at a high temperature. Add to this the alimentary cause of irregular and improper diet, and we have efficient explanation of the origin of the cutaneo-abdominal symptoms, which are prominent in this disease. As confirmatory of this opinion, he mentioned the successful results which he had experienced in the treatment of the malady. Acting upon the suggestion of Dr. Chas. Caldwell, he was accustomed to send his little patients to Kaighn's Point, giving them, at the same time, calomel in minute doses. This place is selected as enjoying, from the peculiarity of its location, the benefits of a sea breeze above all others situated so high up in the course of the Delaware river. Old pilots and sailors, residents of this spot, bear testimony to the fact of the existence of a sea breeze, and speak of it in this respect as a sort of minor Cape May.

DR. EMERSON concurred with Dr. Darrach in thinking that the continued heat, such as we have in this city, uninterrupted by any or scarcely any refreshing coolness, was an efficient agent in producing the disease. But he would call to the minds of the gentlemen present the effects of such heat upon the inmates of our crowded courts and alleys especially, where the disease, in the majority of cases, originated, and was fostered by unwholesome food, a stifled and filthy atmosphere, &c. To the presence of refrigerating agencies in Boston, and some other ports upon the seaboard, he attributed their greater exemption from cholera infantum.

DR. PARISH stated, that according to recent accounts, the mortality in St. Louis, from the disease in question, is greater even than in Philadelphia. In reference to the malady as existing in Philadelphia, the Dr. desired to state, that in addition to the causes already advanced by the gentlemen present, the mode of building in courts and alleys, and immediately opposite blind walls, was such as would tend to keep up the disease continually. Such buildings, moreover, were constantly being erected, even in the recent portions of the town. As far as he was aware, this cause did not exist so extensively in New-York, or any other of the places mentioned during the evening's discussion.

Again, the custom of causing the child to sleep between the parents, is of itself sufficient, during the hot nights of our summer, to bring on an attack of the disease. In relation to Dr. Darrach's hint at the practical treatment of the disease, he declared the practice to be an old one, and that Dr. S. P. Griffiths was in the habit of lancing the gums merely, and sending the little sufferers into the country. Dr. P. affirmed himself to be a living example of the propriety of such practice. When young he was attacked with the disease, and being brought to the verge of the grave, his father resolved as a dernier resource to try the effects of a change of locality. Placed upon a steamboat and borne rapidly away over the bosom of the Delaware;

but a few hours sufficed for the fresher atmosphere he then inspired, to invigorate his whole system, and breathe anew into him, as it were, "the breath of life." From that moment he rapidly recovered.

Dr. DARRACH regarded solar influence as the efficient cause of the complaint in our city, unabated as it is by the sea breeze which daily blows through the crooked lanes and alleys of New-York, robbing them greatly of their heat.

Dr. JACKSON inquired of Dr. D. if narrow streets and alleys were so much warmer than broader thoroughfares: if they were not in reality cooler. Nero, it should be recollected, in rebuilding the city of Rome, after its conflagration, having widened the streets, and enlarged the public places of meeting, was envenighed against by the citizens as having let in the sunlight to scorch them, so much warmer had the city become.

Dr. DARRACH remarked in reply, that while Paris, with its narrow streets and lofty houses,—the latter shielding the former from the sun,—was comparatively cool, Washington, with its broad streets, was proverbially uncomfortable, in consequence of the heat reflected from the houses.

Dr. H. S. PATTERSON, from Dispensary and other experience, had been induced to believe, that the disease in question was not so common among the colored as among the white population of our city; and that among those Irish emigrants who were exposed to the same exciting causes, the mortality from the disease was greater than among any other class of the people. Improper diet, placing the children early at the table, the hard labor continually undergone by the mother, and the unwholesome food upon which she habitually fed, he considered as the predisposing causes exceedingly active in the production of the complaint among the negroes and the destitute whites. Whether, upon the one hand, the facility with which the negro repels the malady, is purely the effect of a constitutional peculiarity transmitted to him by his African ancestors; and whether the sudden and continued vicissitudes of our climate, so unlike the comparatively equable seasons of Ireland, constitute the efficient cause of the greater mortality among the Irish, are questions of deep interest as regards the etiology of the disease. Upon this point, and also whether cholera infantum was on the increase in the neighboring country towns, he desired information of the gentlemen present, inasmuch as it was a matter of practical utility to determine the propriety of sending patients to the surrounding country for relief.

Dr. J. BELL, in confirmation of the influence of high temperature in producing cholera infantum, adverted to the great mortality in London, the year before last, from this disease, owing to the unusually intense heat of the summer. He regarded fresh air, and pure Schuylkill water, as having done more for the prevention of the disease, in this city, than any other two causes. In reference to the neglect of suitable hygienic measures elsewhere, he stated that in fifty towns in England in which the disease was rife, six only were

fairly, not fully, supplied with water, and had a proper amount of sewerage. He also animadverted at some length upon the imperfect ventilation which existed in the houses of the rich, owing to the erroneous plans of building of the present time.

DR. DARRACH desired to make an observation, having some bearing upon Dr. Patterson's remarks. According to statistics which he had kept while physician in the Eastern Penitentiary, it was found that during the winter season, the negro prisoners, principally, were affected, and with chronic pleurisy; while during the summer, the white prisoners, with diarrhœa.

DR. JACKSON remarked that negroes generally were more commonly affected with disease of a bilious remittent type, to which cholera infantum was supposed to be closely allied.

On the use of a Stream of Warm Water in the treatment of local inflammation, &c. By F. H. GORDON, M. D.—The stream is the most valuable form of applying warm water for the cure of local inflammation. I have been familiar with it for years. It had been used by surgeons to relax the muscles in reducing luxations; but I am not aware of its having been employed for the reduction of local inflammation before I introduced it into the practice. For this latter purpose I am acquainted with no remedy which can equal it in value. I do not wish to overrate it or to appear to exaggerate its powers, for this would prevent a proper estimate from being placed upon it. Yet, to those who have not tried the remedy, the whole truth will look like exaggeration. Cups, leeches, blisters, and the lancet, do not equal it. The stream is a mode of applying warm water which complies with all of the conditions requisite to make it efficacious. It is *more constant*, may be *longer continued*, and applied with *more force* than any other application of water. The stream may be conducted almost without variation of temperature or force for hours, and, falling *only upon the suffering point*, it does not prostrate the patient like the bath, and hence may be continued long enough to greatly subdue the local inflammation before there is much depression of the vital powers. The *force* of the stream is an item of peculiar importance, because it is incomparably greater than that of any other mode of using warm water. It is a well known fact, that *fluids in motion* manifest their peculiar powers in a much higher degree than when at rest. The sultry air of a summer's day, which almost melts us by its quiescence, may, when put in motion, make hail, and chill the body. Electricity, which gently pervades our bodies at all times and stimulates all of the vital movements without misrule, if disturbed in its equilibrium and transmitted through the organs, with its incalculable velocity, will produce instant disorganization and death. Caloric, which pervades all of the tissues, and without which the vital functions could not be performed for one moment, does no injury while latent or in gentle motion; but when a large amount passes in or out of any point of the surface in a short time, destruction is the instant result. In like manner, water at rest in

contact with the body will abstract or impart caloric according to its temperature, in so gradual a manner as to cause no very striking results; but when a swift current of water strikes the surface, its effects are manifestly in proportion to its velocity.—*West. Jour. Med. and Surg.*

On the Treatment of Ophthalmia, by C. T. QUINTARD, M. D.—A practice which originated with Dr. Francis Moore, of Mass., and which found a distinguished advocate in Prof. Sewall, of Washington, D. C., has been found very successful in the treatment of ophthalmia. It consists essentially of free depletion, followed by pressure. So soon as the active symptoms are subdued by the antiphlogistic regimen, a pad of silk or soft linen is applied over the eye, then a bat of carded cotton or scraped lint is confined, by a thin, light bandage, so tight as to afford gentle and comfortable compression, so as not to produce pain or uneasiness. This compress is to be removed twice in the twenty-four hours, and replaced immediately by another of the same material. During the time the compress is being used, a minute quantity of cerate is introduced into the eye. It is prepared after the following formula.

x. Hydr. oxyd. rub.,	grs. xlv.
Lapis Calamin,	“ xxx.
Cinnabar native,	“ xv.
Lithrage,	“ xxx.
Axungia porc.,	§ i.

Levigate repeatedly and mix.

Prof. Sewell thinks he fulfils the three following indications by the pad and bandage, viz.:

- 1st. Effectually to exclude the light from the eye.
- 2d. The globe of the eye is prevented from rolling.
- 3d. The distended vessels are compressed and disorged.

South Med. Jour.

On the Diagnosis of Edematous Laryngitis. By Professor BARTLETT.—A well marked case of edematous laryngitis, attended by its ordinary phenomena, is not very likely to be confounded with any other disease. Pain or uneasiness about the larynx; the sensation of a foreign body in the throat; accompanied or followed by more or less difficulty of swallowing; laborious, difficult, and noisy inspiration, the expiration often remaining entirely or comparatively free; agitation; occasional paroxysms of suffocative dyspnoea of extreme violence; and sooner or later signs of gradually increasing asphyxia, constitute a combination of phenomena, very characteristic of this disease, and certainly not often found in any other. For an absolutely positive diagnosis, we must rely upon the distinctive physical sign dependent on the touch. Grisolle doubts the value of this last means of diagnosis; he says that in two or three instances, he attempted, but unsuccessfully, to reach with his finger the seat of disease; that the spasmodic contractions of the upper orifice of the la-

rynx, and the efforts at vomiting, obliged him to desist, and that the same thing had happened to Chomel, Blache, and others.* The testimony of Valleix and Dr. Buck, as well as of many others, leaves no doubt, however, of the practicability of this exploration.

Edematous laryngitis may sometimes be confounded with exudative inflammation, or true croup. In the latter, however, a careful examination of the fauces will generally exhibit patches of the effused fibrin; and any uncertainty that might still exist would be removed by the touch. Beside certain differences in the voice, cough, and breathing, which are not always, but commonly, present; it will be remembered, also, that edematous laryngitis is a disease of adult life, while true croup almost always occurs in childhood. I do not know how frequent simple exudative laryngitis, or true croup, may be in the adult; but I suppose many of the cases which have been regarded and reputed as such, have been cases of edematous laryngitis. The latter disease, independent of the class of cases occasioned by scalding water, does occur also in children, but it seems to be very unfrequent. It is a striking, and as it appears to me, a singular pathological fact, that it should occur so rarely, if it does at all, in connection with membranous laryngitis.

It is said, further, that edematous laryngitis has been, or may be confounded with purulent infiltration or abscesses in and about the larynx and pharynx; aneurism of the aorta pressing upon the trachea; a foreign body in the air passages; asthma, and so on. Such difficulties may sometimes be met with; but with our present means of diagnostic investigation, and a careful application of them, they will be so rare and exceptional as to be of but little importance.—*Western Journal of Medicine and Surgery.*

SURGERY AND SURGICAL PATHOLOGY.

* *Treatment of Bone Felon.* By Prof. B. W. DUDLEY.—That distressing disease which attacks the terminal phalanx of the thumb and fingers, the *bone felon*, is followed by the loss of bone and soft parts, as high as the second joint. In the early stage of the disease, and before suppuration has taken place, it may always be promptly cured by the close application of the roller, using the precaution to destroy the sensibilities of the part first, by gentle and progressively increasing pressure with the hand for a few minutes; or the part may be laid open with the scalpel, and the morbid secretion removed from beneath the periosteum upon the point of the instrument. But when suppuration has taken place, and the matter is discharged by ulceration, an early occasion must be sought to remove the phalanx by wrenching it off from its connections with the capsule, ligaments, and cartilage of the joint. When the extraction of the bone is delayed for some weeks after ulceration has taken place, some flatness, or a dimple, on the ball of the thumb or finger, is liable to be pre-

* *Traité de Path. Int.*, vol. i., p. 317.

sent after recovery. When the extraction of the bone by forceps is attempted too promptly, its connections with the soft parts composing the joint will not yield to the instrument; while no difficulty will be encountered after waiting from ten to twelve days. In this stage of the disease, the soft parts will be found in a tumid state, and by gentle pressure in the palm of the hand, progressively increasing, much of the diameter may be thrown into the longitudinal dimensions of the swelling.

When this is accomplished, which may be done in three or five minutes, an appropriate roller must be closely put on, embracing each phalanx of the affected thumb or finger; which must be renewed as often as is indicated by the subsidence of the swelling. From fifteen to thirty days is generally occupied in a reproduction of the phalanx. Sufficient pressure must be applied to preserve the proper length of the bone; while care may be taken to avoid so much as would give it an unnatural extent; an occurrence which appeared in a case under my charge, in the family of a cotton spinner of this place, Mr. P.; who threatened a suit at law to recover damages, on account of treatment which rendered the thumb too long. Quite recently, a young lady of this place returned home from a boarding-school abroad, where she had for some weeks suffered with the ulcerated stage of bone felon on the thumb. The bone was forthwith removed by means of a pair of forceps, and the phalanx was reproduced under the influence of three or four dressings; but there is to be observed a small depression in the ball of the thumb. Similar cases, for the last twenty-five years, have been of frequent occurrence, with invariably successful results.—*Transylvania Med. Jour.*

Strangulated Inguinal Hernia—Internal Administration of Infusion of Tobacco. By EDWARD MITCHELL, M. D.—As I am not aware that the details of a case similar to the following, have ever been made known to the profession, I would mention, that some time since I was called to see a stout negro fellow, whom I found with a strangulated hernia, which had remained so long unreduced that he was vomiting stercoraceous matter. The warm bath, relaxant enema, and all the methods which suggested themselves to me, having failed to relieve him, and a fatal result seeming rapidly hastening on, I ordered, as a last resort, the administration of an enema of tobacco, made with 3i. to one pint of water. I left him for the night, and upon my return in the morning, with many misgivings as to whether I should find my patient alive, what was my surprise to see him coming to me, walking erect, and stating that he felt perfectly well. Upon inquiry, I learned that he had *swallowed* the whole of the enema, which produced much prostration, accompanied with such relaxation, that the hernial tumor was spontaneously and completely reduced, and he restored to a high degree of health, which he has since enjoyed. We can only account for the failure of so powerful a poison to produce a more dangerous result, by the fact of the subject having been constantly in the habit of using the plant.

This case is instructive, inasmuch as it teaches us that when all other medicines fail, and we see no hope for the patient, we may, justifiably, have recourse to the internal use of a remedy which has been heretofore looked upon as entirely too severe in its operation. A knowledge of the consequences of an accidental mistake in the method of employing a medicine, saves us from incurring the responsibility which would attend an experimental examination of it, and yet, is productive of none the less benefit to us as a matter of experience.—*Chas. Med. Jour.*

Traumatic Tetanus and its Treatment by Cannabis Indica. By W. T. WRAGG, M.D.—Dr. W. reports three cases on which he remarks as follows: So far as these cases go, I think they are encouraging, and, taken in connection with the experience of others, afford pleasing anticipations of further success, as the medicine certainly possesses many advantages over opium. It may be used in larger doses, without danger. It seems to be free from the cumulative power possessed by the other, in all the forms in which it is administered. It does not produce dryness of the skin, but, on the contrary, appears to exercise its powers to a considerable extent, by increasing the flow of perspiration. It does not dry the mouth, or produce nausea, and seems to be free from any constipating effect. These peculiarities of its action, as contrasted with opium, seem to render it fit for a class of cases, in which little or no use can be made of opium. I allude to the tetanus of children. Trismus nascentium is a disease of frequent occurrence with the black population, and as yet there has been but little success in any method of treating it. Opium must be employed with a sparing hand, if indeed it can be safely ventured on at all. Perhaps the cannabis indica may be found to occupy a very important place in the treatment.

One case of this kind has lately come under my observation, and I was pleased at the hope of again obtaining encouraging results. But I was disappointed. The case occurred among ignorant and inexperienced foreigners, and I am not satisfied that the medicine was fairly tried. At the same time that the cannabis was ordered, the mother was directed to keep the child lying on the side, so as to relieve the occipital bone from pressure, according to the theory of Dr. Sims; and I satisfied myself by frequent examinations, that there was no displacement of that bone. But all was of no avail. This case terminated, as have all others of the same kind that I have seen. The child died within forty-eight hours.—*Ibid.*

DISEASE OF FEMALES.

Hypertrophy of the Uterus, with Procidentia. By F. H. GORDON, M. D.—Mrs. O., of this country, æt. 41, had suffered from dysmenorrhœa for several years, sometimes it amounted to menorrhagia, or even flooding. She had been under a judicious practitioner for two or three years, with occasional benefit. In 1846, I found her with

globus, palpitations, cold feet, intermitting pulse, leucorrhœa and amenorrhœa; the womb hard to the touch and painful, about three inches in its transverse diameter, and resting with its mouth upon the perineum, causing dragging weight in the pelvis, pain in the loins, and numbness in the lower limbs. Directed aloetic pills to regulate the bowels, quinine every morning, a teaspoonful of pulverized cubeba before each meal; warm water to be abundantly thrown up the vagina daily, with a large self-operating syringe. In two months the patient was better. Directed the steam to be conducted up to the womb, with a syphon, for two hours every third day. This remedy was used but twice, and with so much benefit, that I saw my patient, soon after, at a camp meeting, five miles from home. The syphon was irregularly used for a month afterwards. Menstruation became regular and natural, all symptoms disappeared and health was restored.—*West. Jour. of Med. and Sur.*

Treatment of Threatening Mammary Abscess.—R.—Linseed oil, one oz., Honey, do. do. To be stewed over a slow fire, at a moderate heat, until the flour has become converted into a paste, and completely incorporated with the honey and oil. While warm add to this one ounce of camphor, ground into a fine powder, with a little sulphuric ether or strong alcohol. Mix the camphor with the paste intimately, and spread a plaster on a piece of cloth or cotton; apply this to the inflamed breast, and keep it on night and day until relief is obtained. It is well to take the plaster off every morning, and sprinkle about a drachm of finely powdered camphor over it; then re-apply as before.

(Dr. Wilkinson, of the parish of Plaquemine, speaks in high terms of the above application in the early stages of milk abscess, or rather in cases where the inflammation of the mammary gland threatens to terminate in an abscess. If applied in the forming stage of the affection, he assures us it will seldom fail, especially when assisted by suitable constitutional treatment.—Ed.)—*N. O. Med. and Sur. Jour.*

MISCELLANEA.

Flesh-brushes, and Hair-gloves, &c.—A very neat and superior fabric and quality of the above articles, manufactured by Lawrence, & Co., London, has been sent us for examination and trial by Mr. George D. Phelps, importing druggist, 46 Cliff-street. Of the great hygienic and therapeutic value of these articles we have abundant evidence, and our only wonder is that they are not more extensively used among us. On our own persons for hydrops articuli of the knee, we have recently experienced very beneficial effects following their use; and in cases of chronic rheumatism, for several years past, we have been in the habit of directing with a good degree of service their use. Of their beneficial effects in promoting health, no doubt can exist. Dr. Bell in his recent work on Baths, &c., thus speaks of

their use in this respect: "In addition to the exercises, such as we generally understand them, there is a modification which acts directly upon the skin, and through this organ of course on the entire economy. It consists in friction by rubbing with the hand or with a towel, or still rougher material, as a horse-hair brush or bag. * * * * * All these are very important accessories to the bath, and add not a little to its refreshing and sanitary operation. They will engage our attention again when the different kinds of baths are described, either historically or when designating their appropriate use under the different circumstances of health and disease, and of individual predisposition and habits." The original and quaint Dr. Geo. Cheyne said: "I should think it well worth the pains of persons of weak and sedentary lives, especially those threatened with paralytic disorders, to supply the want of exercise of other kinds with spending half an hour morning and night in currying and rubbing the whole body, more especially their limbs, with a flesh-brush."

From the same source we have also received specimens of Sir James Murray's preparations of Fluid Camphor and Magnesia. These articles appear to us to possess about the same virtues of the analogous preparations of the British and United States pharmacopœias. An advertisement of the foregoing articles may be found in the advertising sheet of this and the last number.

New Orleans Medical Journal.—We rejoice to learn that the severe disaster and loss which this valuable Journal has recently sustained by fire, has not in the least intimidated its editor and publishers in their labor of love. With such a spirit as is evinced in the editorial of the last March number success is certain. Obstacles only serve to develop more energy. "If we have been unfortunate, we are not despondent; but gathering additional energy from our recent losses, we shall push forward the work with all that zeal and resolution which can alone guarantee ultimate success in any undertaking." To sustain and encourage such a work, it is the duty, and ought to be the pleasure of the medical profession of the South.

St. Louis Medical and Surgical Journal.—It will be remembered, that since the great fire in St. Louis, the publication of this valuable Journal has been suspended. We now have the pleasure of welcoming its appearance among our exchanges. It appears under the same editorial management as heretofore, with the exception of the name of Prof. J. B. Johnson in place of Prof. McDowell. We wish for it that good measure of prosperity which its merits ought to command.

Army Medical Department.—A Medical Board of Examination, composed of Surgeons T. G. Mower, S. G. J. De Camp, and J. Simpson, will be convened in New-York on the 15th of May: the session to continue three weeks or upwards.

Applications must be addressed to the Secretary of War ; must state the age and residence of the applicant ; and must be accompanied by respectable testimonials (mere references are not sufficient,) of his possessing the moral and physical qualifications for filling creditably the responsible station, and for performing ably the arduous and active duties of an officer of the medical staff.

Professor Davis's History of Medicine in America.—By the last number of the North-Western Medical and Surgical Journal, we learn that Prof. N. S. Davis is announced as having completed "A Complete History of the Medical Profession in the United States, from the first settlement of the Colonies down to the present time ;" sixteen pages of which will be inserted in each number of the next volume of that Journal. The undertaking is a good one, and the profession have long considered such a work a desideratum. We feel assured that all must be edified with a perusal of this history.

Test for Cod-Liver Oil.—It has been discovered that if pure nitric acid is poured upon the true cod-liver oil, in a short time it will change its color to a very delicate carmine red ; whereas if it be impure, or mixed with other fish oils, the color will be a dirty red or brown. Lard oil is much used in the adulteration, and the acid has none, or a very imperfect action upon it. When the acid is first poured upon the oil, it forms a disc, and it is around the margin of this disc that the color is first discoverable. By gently agitating the mixture, the whole will change from a pink, to the red color of carmine. White saucers are the best vessels for testing it in ; and the quantity of the material to be used, is an ounce of the oil to about a drachm of the acid. It seems to be the best test that we have for the present ; and if a fair trial of the *peculiar* virtues of cod-liver oil is to be had, it is well we should possess it in its utmost purity.—*Boston Medical and Surgical Journal.*

Southern Medical Reports.—The first volume of these Reports announced some time since by Dr. E. D. Fenner of New Orleans, we are happy to inform our readers is now in press, and will be shortly published. We have recently had the pleasure of examining some of the matter which will appear in this volume, and we feel confident that it will prove worthy of a place in the library of every physician, and especially so of every southern physician. Dr. Fenner has collected together a very large amount of interesting, valuable, and useful matter, and we ardently hope that the able author will receive from the profession that support which will sustain the noble but truly arduous enterprise in which he is engaged.

Gregory on Eruptive Fevers.—We are highly gratified to learn that this valuable work, which was some years since announced for publication in this country, is about to be published by Messrs. Woods,

of this city, under the editorial supervision of the able editor of *Cazenave*, Dr. Bulkley. We understand that it will contain additional matter from the pen of Dr. Gregory. This circumstance, together with the extensive experience and laborious statistical research which the editor will bring to the work, must render it a truly attractive volume, one that will not fail to command an extensive circulation.

Amputation at the Hip Joint.—It is with much pleasure that we announce to the readers of this Journal, that the patient on whom Dr. Van Buren performed the important operation of amputation at the hip joint, on the 21st of March, is doing admirably well, with every prospect of a rapid recovery. It is well known that the results of this capital operation are rarely successful. Only about thirty cases are recorded in the annals of surgery, a statistical table of twenty-six of which may be found in Mr. William Sands Cox's memoir on the subject, published in 1845. The earliest recorded case is, we believe, that of Perault, in 1774, in *Sabatin, Médecine Opératoire*, tom. iii. p. 422. Dr. Mott's successful case, which is believed to be the first ever performed in this country, was performed in 1824, in this city. The report of Dr. V. B.'s case will in due time be presented to the profession.

Dr. Williams' History of Medicine in Massachusetts.

To the Editor of the New-York Journal of Medicine, &c.

DEAR SIR,—Through inadvertence the name of Professor C. B. Coventry, M. D., of Utica, N. Y., was omitted in the list of Professors in the Berkshire Medical Institution, in my communication published in the last number of your Journal. Dr. Coventry held the offices of Professor of Obstetrics, Materia Medica, and Pharmacy, in that Institution, four years in succession, commencing in the year 1838. I deeply regret the omission, and hope the above apology will be satisfactory to my friend, Dr. Coventry.

STEPHEN W. WILLIAMS.

Deerfield, Mass., March 7, 1850.

OBITUARY.

DEATH OF DR. FISHER.—Died, at Boston, on the 2d of March, JOHN D. FISHER, M. D., one of the acting physicians of the Massachusetts General Hospital. Dr. F. was highly esteemed for his worth as a man, and for his skill as a practitioner.

NEW SERIES.

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